THE CANADIAN NURSE

RIODICALS R.

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MONTREAL

Highlight for
JANUARY 1956

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G. J. Sharpe

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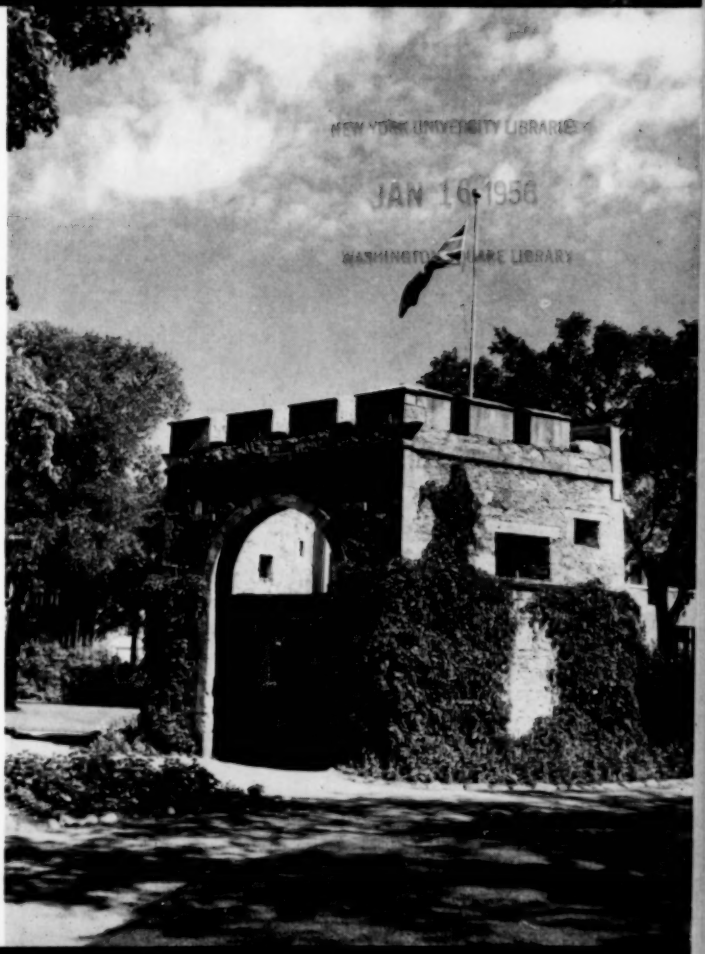

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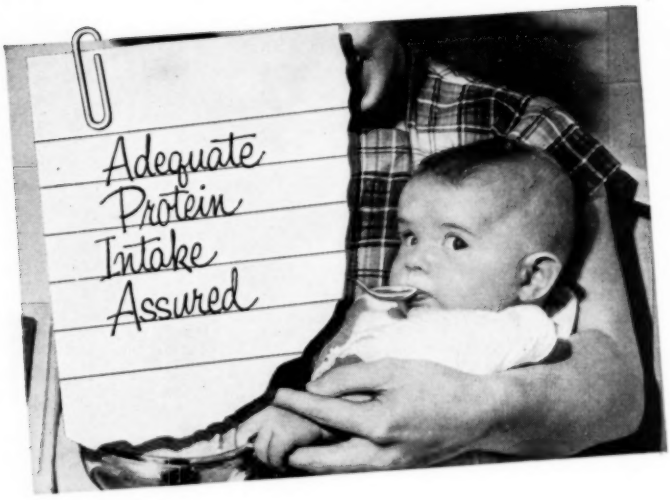

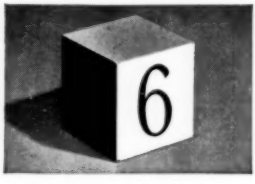

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L'Infirmière Canadienne

VOLUME 52 **NUMBER 1**

JANUARY 1956

6 New Products

13 Salaam Aliakum ..... *Gladys J. Sharpe*

18 Chromosome Deletion in the Rh Genotype ..... *Gilda G. Graves*

21 L'Evolution de la Cardiologie et ses Problèmes ..... *Paul David*

25 A Women's Auxiliary in Action ..... *Marie C. Croll*

27 A Nurse's Private Devotions ..... *Beatrice A. MacLean*

31 From Little Acorns ..... *Ethelyn Butler*

38 Nursing Profiles

39 In Memoriam

40 Nursing Programs at the University of Saskatchewan ..... *Lucy D. Willis*

43 Tuberculosis Prevention in the Far North ..... *Josephine Walz*

46 Nursing Across the Nation

48 Le Nursing à travers le pays

52 Sélection

53 Hypotension ..... *W. Schweisheimer*

54 Book Reviews

62 News Notes

71 Positions Vacant

80 Official Directory

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

True to tradition, the president of the Canadian Nurses' Association, **Gladys J. Sharpe,** is our guest editor this month. Her account of the meeting of the ICN Board of Directors in Istanbul, Turkey, last August is useful and informative. After you have read that summary, be prepared for an interest-packed story of places visited, of thrills and experiences on a tour through many parts of this little known country. Perhaps January with its icy blasts, deep snow and frozen radiators would be a good time to go to Turkey! Since it is a physical impossibility for most of us to go perhaps you will draw vicarious enjoyment from the warmth and sunshine of Miss Sharpe's description of her trip.

* * *

Do you ever wonder, when you read part of a story in the daily paper or news magazine, what happened next? Only occasionally at a later date can we find any reference to the story that held our interest. On one story at least we are privileged to bring you some of the inside information. Do you remember the story of the newborn infant in California whose life was saved by the transfusion of blood donated by two Indian women in Alberta? Every newspaper carried the story of the trip made by the R.C.A.F. to Redwood City to deliver the precious shipment of the very rare type of blood. We are delighted to bring you the story behind this news item. **Gilda G. Graves** has written a fascinating account of the extraordinary discovery of an Indian tribe in Alberta many of whose members have this exceedingly rare type of blood. Do not fail to read "Chromosome Deletion in the Rh Genotype."

* * *

Every now and then we receive letters from nurses who write us that they want to get away from routine duties in a city hospital. "Can you tell me where I should apply for a position in the far north . . . in Labrador?" **Josephine Walz** did not write us for any such information but she has been having some truly wonderful experiences while carrying on her tuberculosis prevention program in northern Saskatchewan. It takes courage and stamina to develop a pioneer service of this kind so far from all the comforts and easy living in an urban job. Miss Walz is one of the growing company of nurses who get great personal satisfaction from the service they can offer to settlers in the vast, underdeveloped areas of our country.

If any of you are interested in breaking away from the ordinary humdrum of routine nursing care and want Adventure (with a capital A,) we suggest that you study the advertisement of the Federal Indian Health Services on page 69 or that of the Grenfell Labrador Medical Mission on page 74 Your life would be very different, to put it mildly.

* * *

It is an essential part of every nurse's training that she should become as familiar with the details of the growth and development of *normal* infants and children as that she should know the signs, symptoms, treatment and nursing care for all of the abnormal conditions she may see. **Ethelyn Butler** used a most refreshing approach to her learning situation when she vitalized every phase of it into a human interest story. You will enjoy reading about the fashion in which the "Stuarts" adapted their pattern of living around their adopted baby — and in the reading you will be reminded of many points of child training you may have forgotten.

* * *

The new pattern in curriculum development that is emerging at the University of Saskatchewan School of Nursing is described for us by **Lucy D. Willis,** who is an assistant professor in that department. Those of you who read Betty Ellison's discussion of the value of operating room experience to the student nurse in our November, 1955 issue will be interested to discover how this experience fits into the total picture of training. The learning opportunities that will be provided in the rural hospital affiliations, that are a part of the students' experience, will be an interesting development to watch.

* * *

If we wish to avoid despair for the future of mankind, we must cherish the hope that the nations of the world will find their way back to humanity and thereby arrive at a deeper and stronger capacity for humanity than ever before flourished on earth.

— Albert Schweitzer

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Edited by DEAN F. N. HUGHES

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Manufacturer—A. H. Robins Co., Montreal, Que.

Description—Each yellow compressed tablet contains methamphetamine HCl 3.33 mg., and phenobarbital 21.6 mg. Each yellow coated extentab contains the equivalent of 3 ambar tablets, the release of ingredients being controlled to provide therapeutic effects for 10 to 12 hours.

Indications—Tension-anxiety states; as an appetite depressant in management of obesity.

Administration—One or 2 tablets 3 or 4 times daily or as prescribed; or one or 2 extentabs before breakfast.

ALMA C

Manufacturer—Paul Maney Laboratories of Canada Ltd., Hamilton, Ont.

Description—Each tablet contains: Aluminum hydroxide 3 gr., magnesium trisilicate 6 gr., ascorbic acid (as sodium ascorbate) 20 mg.

Indications—Gastric hyperacidity, peptic ulcer, chronic gastroenteritis.

Administration—Adults, one or two tablets after meals; children, less in proportion, as prescribed.

BONTRIL

Manufacturer—G. W. Carnrick Co. Ltd., Toronto, Ont.

Description—Each tablet contains: Butabarbital sodium 10 mg., methylcellulose 350 mg., d-amphetamine sulphate 5 mg.

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Manufacturer—Sharp & Dohme Division of Merck & Co. Ltd., Toronto, Ont.

Description—A derivative of cortisone with anti-inflammatory activity in lower dosage.

Indications—Conditions in which cortisone may be indicated.

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Description—Contains per tablet: Oxethyltheophyllin 200 mg., reserpine crystalline 0.1 mg.

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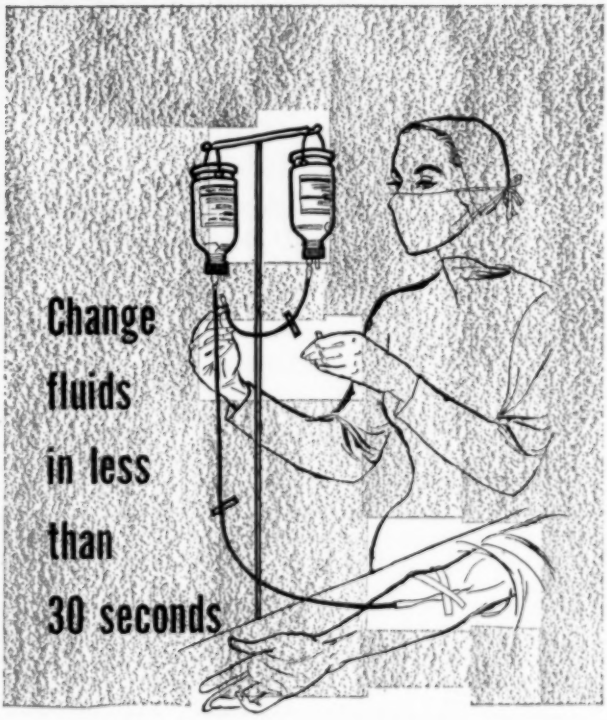

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THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 52 NUMBER 1

MONTREAL, JANUARY, 1956

Salaam Aliakum*

IT HAS BEEN SAID that the pleasures of travel exist best in retrospect and seldom in the instant when experienced. However, one infallible aid to retrospection is to prepare a report such as this, with the hope that you too will share these first brief and still vivid near-East impressions. Why Turkey? was an oft-asked question, and the answer takes us back to the I.C.N. meeting in Rio de Janeiro, July 1953, when the Turkish Nurses' Association invited the Board to hold their 1955 meeting in Turkey and thereby commemorate the 100-year anniversary of the work of Florence Nightingale at Scutari.

Our first impressions of Turkey were at Yesilköy — Istanbul's modern airport, reached after an uneventful trip with brief stops in London, Amsterdam and Munich. We were met by two members of the Turkish Nurses' Association and the husband of a third who expedited the details of passport and customs examination and police registration. Our hostesses knew a few phrases in English, we not a word of Turkish. The hour-long drive to the largest city and former capital of Turkey took us on a rough, hilly road, through pastures of Biblical shepherds, to the city gate of Istanbul, a narrow

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GLADYS J. SHARPE

* *The common Turkish salutation — "Peace be with you."*

opening in the 1500-year old wall built by Theodosius II. At intervals we caught the aroma of spicy cooking and heard strains of haunting Turkish music. It was midnight when we reached the fabulous Hilton Hotel and morning before we gained our first magnificent view across the Bosporus.

Istanbul, formerly Constantinople, is built on many hills, on one of which is the Hilton Hotel. It is the site from which, in 1453, the Moslem Mehmet portaged his ships overland to drop them behind the defense chains guarding the entrance into the Golden Horn. By so doing he conquered the weakened Christian Byzantine Empire.

It can truly be said that the week in Istanbul was constructive and inspiring. There was good discussion of the business items of the Agenda; social events and visits to historic places were wisely interspersed; and from the windows of the room set aside for the meetings, delegates could look across the Bosporus to the Barracks at Scutari, where, one hundred years ago, Florence Nightingale carried out a revolution in nursing care and hospital administration.

The meetings were presided over by our president, Marie Bihet, and attended by representatives of 26 member associations. Executive secretaries from 16 associations were also present, and for the first time (by unanimous decision of the Board at its opening session) were permitted to participate freely in discussion.

Here are some important matters on which the Board took action:

It was recommended to the Grand Council, that there be a reorganization of the administrative "machinery" of the F.N.I.F., by which it will become the Educational Division of the I.C.N., and be associated with the total program even more closely than at present. One activity of the F.N.I.F. has been the compilation of a bibliography on the life and work of Florence Nightingale. The bibliographer, the former head of the Wellcome Historical Medical Library has drawn to our attention that the collection of Florence Nightingale's letters will be something quite unique and probably much sought after by historical libraries all over the world. It will contain over 10,000 letters and will be the largest collection of letters written by one individual ever catalogued and published.

New premises for I.C.N. headquarters have been purchased within five minutes walk of Westminster Abbey.

The I.C.N. 11th Quadrennial Congress will be held at the Esposizione Universale Romana Congress Hall in Rome, May 27-June 1, 1957. It was decided that the registration fee will be 5 shillings Sterling, exclusive of accommodation charges. As seating facilities in the Great Hall are limited to 3000 an allocation will be made, each national association being allowed a percentage of places according to its membership.

A meeting of the Grand Council will be held during the Congress week, and (for the first time in I.C.N. history) will be open to all Congress participants.

The theme of the Congress will be "Responsibility" (the watchword given by the retiring president, Miss Gerda Höjer, at the last session of the Congress in Brazil, in 1953). The languages of the Congress will be Italian, French and English.

Exchange privileges of nurses between various countries were studied. In the past two years more than 4,000 nurses have obtained employment in countries abroad and 1200 have studied abroad.

The committee on nursing service presented a valuable report on the need for, and the development of acceptable standards of nursing care throughout the world. A paper of acceptable standards of neurosurgical nursing presented by the Swedish Nurses' Association was accepted for release to all countries.

On the final day of meetings our group, of comparable size to the one led by Florence Nightingale, made a pilgrimage to the Selimiye military barracks in Scutari which includes the historical barracks hospital. The immense square building of three stories surrounds a court. At each corner is a tower and the distance from the entrance to the Nurses' Tower is roughly a quarter of a mile. Visualize a colonnaded corridor, each column effectively draped with the crimson and white national flag, and in front of which stand alternately a member of the garrison forces and a Turkish nurse. A brass band occupies

I.C.N. Board of Directors at Hotel Hilton, Istanbul.

one wall. At the signal "present arms," the officers of the garrison honored those of us who represented the 450,000 nurses of the world and remained at salute until all members of the Board had filed past. Then came the stirring roll of drums and a few seconds of deep silence! Such an emotional experience comes but once in a lifetime! Following several addresses from military and other dignitaries, the Board of Directors presented to Miss Esma Deniz, president of the Turkish Nurses' Association a citation:

> Here in Turkey the spirit of nursing was born. Here in Uskudar, Florence Nightingale, pioneer of nursing, administrator and statesman, demonstrated to the world the efficacy of nursing care. Here, during the century that has followed her great achievements, her spirit has remained, her memory has been cherished, and her work carried on.

The ceremony concluded with the presentation of flowers to Mlle Bihet by a member of the Turkish Nurses' Association with whom we agreed when, in making the presentation, she exclaimed, "I am so exciting!"

Our business concluded, Miss Stiver and I were free to see and learn more of our environment. Istanbul is the only city in the world "astride two continents." Europe on the west and Asia on the east, it is situated on the entrance of the Bosporus which links the Sea of Marmora with the Black Sea. While no longer the capital, Istanbul is still Turkey's most important social, intellectual and commercial centre. The 1950 census gives the population as slightly over one million — that of Turkey as 21 million.

Accompanied by guides who spoke fairly good English we were taken on a tour of the city and, in a most interesting manner, briefed as to its social and archaeological history. We were impressed by the many references to the driving Kemal Ataturk, who it is said, "carefully transplanted the western democratic system like so much new turf on Turkey's ancient culture where it has taken root and grown." We learned how, from 1923 until his death 15 years later, he remade the language and the laws, broke the hold of church on state, organized industry and education, brought women from "Yasmak" to franchise and abolished the Fez. We visited the bedroom in a former Sultan's palace in which Ataturk died, and saw the reverence with which it was viewed by the Turkish nurses in our party.

The old part of Istanbul is surrounded by Byzantine walls repaired and enlarged by the Ottoman Turks in the mid-sixteenth century. Viewing the city from the sea or from any hill, one is impressed by the domes and minarets of its many mosques, some 500 in all. One of the most beautiful visited was that of Sultan Ahmed, better known in the west as the Blue Mosque. Built in 1609 it is the only one in the world sentinelled by six minarets. The luminous blue air is made so by the blue-green mosaic of its enormous dome around the outside of which pigeons circle, while inside, soft Turkish carpets stretch over a floor "the size of four baseball diamonds." As we replaced our shoes we heard the cries of the muezzins, who are chosen for the beauty and power of their voices, calling from the minarets the five Moslem hours of prayer. In response came the faithful, pausing in the courtyards to wash head, arms and feet.

We travelled on the car-ferry from European Istanbul across the Bosporus to the Asiatic suburbs in 20 minutes and for less than ten cents. On board, the other passengers drank coffee and tea without milk, from tiny glasses standing on saucers. (A demi-tasse of Turkish coffee at the Hotel Hilton cost the equivalent of 40 cents.) In the corner of the deck sat a group of older Turkish women wearing heavy black clothes with shawls covering their heads and held over the lower parts of their faces. Passing up and down Bosporus were the peaked-sterned, blue and orange fishing boats which daily weave through the submarine nets at the top of the Bosporus to fish in the choppy Black Sea.

On one trip we passed Leanders Tower where legend says the unfortunate Hero watched her lover Leander drown as he swam to meet her. Our port of call was the Billue Kosk where delicious tea was brewed the Turkish way in a tiny teapot atop a samovar. Here we saw men smoking the long curved waterpipe called the Nagleh which is "fired" by jasmin wood and Persian tobacco, then cooled by being passed through rosewater.

One day we drove to the small seaside village of Shile some 80 miles along the south coast of the Black Sea. There, as guests of a former Egyptian Princess, we were welcomed in homes where we saw flax being spun, woven and embroidered. The houses were as clean as scrubbing could make them, but of course, we unbelievers had removed our shoes. When we saw a row of only partially covered buckets along the wall of the central living-room and learned these comprised the sanitary facilities of the average village home, the presence of many flies and the high rate of infantile diarrhea were understood. The peasant women wore long black Russian-type blouses over fitted white trousers above bare feet with a balaclava-like head dress of yellow. We saw a wedding party leave the Shile village, the bride weeping bitterly, the groom somewhat embarressed as they sat on opposite sides of a small bus which was taking them and some two dozen guests to their new home in another village.

Our chauffeur doubled as waiter and provided a meal such as we had not dared indulge in during the meetings. An old Turkish proverb says "The spirit gets into a man with the food he eats" and so the Turkish spirit entered us as we enjoyed: *Dolmas* — green peppers stuffed with rice and meat cooked in olive oil, *Güllac* — a typical dessert of starch wafers with pounded almonds, all soaked in milk, white cheese, olives, Yogurt — which the Turks eat as much as we eat ice cream — Anatolian wine, and finally bunches of white, red, green and blue grapes. The strong Turkish coffee acted as a salutary digestive!

From the normal disorder of Istanbul to Greece was a matter of about three air hours. We were greeted at Athens airport by members of the Greek Nurses' Association and a station wagon inscribed "gift from Kanada." We considered ourselves extremely fortunate in that our visit coincided with the "Festival of Athens." A great philosopher once said that the function of drama is to cause a purgation of the emotions through pity and fear. That was our experience. We sat on the weather-beaten tiers of the

ancient odeion of Herod Atticus and heard Gluck's presentation of "Orfeo and Euridice" in the original Italian. Problems of an everyday world suddenly became insignificant.

Leaving the theatre and the very seats on which the Greeks had sat for 2,000 years we were awed by the splendor of its natural setting. From under the shadow of the Parthenon, moonlight flooded the Acropolis and the hill of the Muses, and we were transported to the Golden Age. There is no doubt that the ancient Greeks chose ideal sites for their temples and theatres for each fulfills a practical purpose, and also satisfies one's highest sense of beauty. On a spot of awe-inspiring grandeur was built the sanctuary of Aesculepias. It was here that our guide, an instructor at the Red Cross school of nursing, was in her element. We were guided step by step through the ruins of the world's first hospital, and followed the medical routine prescribed for the people of centuries ago, impressed again and again by the wisdom of the Ancients whose dream oracle — baths and gymnasia — were directed towards prevention and cure just as surely as the psycho-therapy and physiotherapy of 20th century medical science are directed towards rehabilitation.

Here, reflecting on the most beautiful ruins of antiquity, I would take leave of the age of Pericles and return to our 20th century task of meeting the health needs of Canada's people.

GLADYS J. SHARPE
President,
Canadian Nurses' Association

A New Year Greeting

May Faith be with thee thro' the year,
That realizes God is near,
That fills with peace and life and light,
That guides thee in the darkest night,
Whate'er thy circumstances be,
May steadying faith abide with thee!

May hope be with thee thro' the year,
To smooth thy way and give thee cheer,
To sing to thee in cloudy day,
To pour on thee her gladdening ray,
However drear thy lot may be,
May heartening hope abide with thee!

May love be with thee thro' the year,
A love that shall make duty dear,
That breathes in word and shines in deed
That's richer, grander far than creed,
That's quick to feel and do and see,
May strengthening love abide with thee!

May God be with the thro' the year,
Thy hand to hold, thy path to clear,
To feed thee on the bread of life,
To crown with victory in the strife,
In this and in the world to be,
May God himself abide with thee!

JAMES RAMAGE

In 1956 may you have —
Enough happiness to keep you sweet;
Enough trials to keep you strong;
Enough sorrow to keep you human;
Enough hope to make your heart sing;
Enough labor to keep you from rust;
Enough leisure to make you broad;
Enough religion to make you value the best;
Enough of the love of Christ to make you serve.

Things cannot always go your own way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and smoke of your complaints.

— SIR WILLIAM OSLER

Chromosome Deletion in the Rh Genotype

GILDA G. GRAVES, B.N.

IN REDWOOD CITY, California, a baby was born by Caesarean section. Newspapers over the entire North American continent carried news of her condition. Radio stations in the United States, Canada, and as far away as Lausanne, Switzerland, informed their listeners in both French and English that baby Denise Robertson had survived.

The story behind the press releases was as fascinating as the medical case itself. Baby Denise had been transfused, following her birth, with blood donated by two Canadian women of Indian extraction — two, of only three known donors, of sufficient age and rare blood type, who could have given her the precious chance of life.

The story, of course, goes further.

In the Rh genotype there are two chromosomes with six genes, two pairs of three. They are lettered in the following manner: cde/cde. One set is transmitted by the mother, the other by the father. If any of these six genes is expressed by a capital letter CDe/cde or cDE/cde, or any number of possible variations, the individual is Rh positive. If expressed in small letters, with the absence of even *one* capital letter, the individual is Rh negative — that is, cde/cde. To establish which of the letters are present, the blood cells are tested with antisera C, antisera D, antisera E, and antisera c, and antisera e (small d being unavailable.) If agglutination occurs with large anti-C for example, you would know that the serum being tested would have a large C on at least one "side" of the division or chromosome. Similarly, if agglutination occurs with anti-small c serum you could assess that the patient possesses a small c gene on the other "side" or chromosome. The only unknown is the small d gene. When the patient's cells are negative (are not agglutinated) by anti-D, the small "d" is believed to be present — as in the Rh negative cde/cde.

So it progresses, with the D, and E, e antisera until the entire genotype can be worked out (excepting d).

In 1950, Dr. R. R. Race of London, England, discovered an extremely rare case of chromosomal deletion, where an individual was found to possess no c,C, and e,E, genes, and the blood genotype was expressed –D–/–D– the patient being Rh positive.

Until 1954, only four such persons had been discovered in the entire hematological world — Dr. Race describing one case, Drs. Waller, Sanger and Bobbitt, one case in 1953, Dr. Phillip Levine of the Ortho Research Foundation, Raritien, New Jersey, also describing one case. In all four of these isolated cases, the familial geneology and relative blood testing, drew forth no new cases.

Then in March, 1954, a thirty-one year old woman of Indian descent was admitted to the Misericordia hospital, Edmonton, with a hemoglobin of 8.5 gm. per cent on admission. Cross-matching by the Canadian Red Cross Blood Transfusion Service showed her to be group O, Rh positive, and yet none of the 22 bottles of Group O Rh positive blood, held at the bank, matched the patient's specimens.

It was realized that here must be an extremely rare type of blood. Specimens were sent to Toronto, and to Dr. Levine who confirmed this fact. Rarest of medical rarities — her blood proved to be a chromosomal deletion –D–/–D–.

As her hemoglobin further dropped to 5.8 gm. per cent, relatives were called for cross-matching, and one sister's blood was compatible in saline, albumin and indirect Coombs method.

Miss Graves has joined the faculty of her Alma Mater, the General Hospital, Edmonton, Alta.

After only 250 cc. had been administered the transfusion had to be discontinued. This could have been a pyrogenic reaction but could also have been due to the fact that in 1951-52, the patient had been given a total of eight transfusions of 500 cc. each of blood containing C,c, and E or e antigens to which she had developed antibodies. Her sister's blood also contained anti-e and probably anti-c resulting from three previous pregnancies and two transfusions. At the time of the donation, she was in the sixth month of another pregnancy at which time the antibody level was further increased.

Dr. D. I. Buchanan, Provincial Director of the Canadian Red Cross, then began his quest, which continues after 18 months, as elusive as when commenced. Blood specimens were obtained from the original patient, her husband, and family, and samples were sent to Dr. Race and Dr. Levine for confirmation of results. Unbelievably, it was found that the patient had married a man who also possessed the rare deletion on one side CDe/–D–. This had no known precedent in medical history.

Since, at that time, I was the nurse in charge of the Edmonton Indian Agency, Indian Health Services, and knew so many of the relatives of these people, Dr. Buchanan asked me to assist him in obtaining blood specimens of the family.

Knowing these people well, and knowing of their close intermarriages (the original patient was second cousin to her own children) and the magnitude of the groups, we needed some guide to selectivity of blood specimens.

Dr. Buchanan had been asked to write a paper on the original case for the International Convention of Hematology in Paris in September, 1954, and the paper was to be ready by June. Since it was already April, and the roads were quagmires of mud we could not waste time.

Knowing that the entire group were Roman Catholics, I realized that at least the deaths, baptisms, and formal marriages had been faithfully recorded by the Oblates of Mary Immaculate order, who have been working with this particular group since 1845. The hub of this wheel was the Parish of St. Albert, where by rare good luck, we discovered the parish priest, Father Emile Tardif, o.m.i., to be the ideal partner we needed.

For the next two months Father Tardif and I spent every available moment reading page after page of old church records; St. Albert, Villeneuve, Rivière Qui Barre, Lac Ste. Anne, and even to Lesser Slave Lake. We sent to Quebec for information. We pondered over minutely small handwriting long faded with age, checking and rechecking. Two months later, as we eased aching fingers and burning eyes, we realized that we had traced over 1650 people, through six generations, back at least to the year 1750.

Now, as I met these people in my daily travels, all those who belonged on our "family trees," in the direct lines of descent, further augmented our information. They willingly gave a blood specimen. More elusive people were sought on our muddy expeditions by station wagon, panel, team, or on foot until we had collected over 150 blood specimens. We found 24 people with the deletion on one or both sides of the genotype!

The first paper on the mating of rare chromosomes was presented in Paris in September 1954 by Dr. George Miller, National Director of Red Cross, Toronto. The ten minutes alloted for this paper were doubled due to the extreme interest of the delegates.

A second paper was presented in Toronto at the Canadian Red Cross meeting in June, 1955, and a third on the successful completion of a pregnancy of a –D–/–D– mother and a complete chromosome father, at the joint British Canadian Medical convention in June, 1955, in Toronto.

When it was found, at the Sequoia Hospital, in Red Wood City, that Mrs. Nadine Robertson, an obstetrical patient, had a missing E-e gene, an appeal was made to Dr. Levine for assistance in locating blood for the expected complete replacement of blood that the baby would require. Knowing of our work, he suggested an immediate contact through the Red

Cross. The California hospital authorities notified the National Office of the Canadian Red Cross in Toronto, and California joined Alberta in an international effort to save the life of a yet unborn child.

Dr. Buchanan knew he had three donors whose blood would match, being universal donor type O, Rh positive as was Mrs. Robertson. Since one donor had already given 1500 cc. of blood in February for his sister's delivery, it was decided to take the two sisters' blood — both group O, Rh positive –D–/–D–. Since they possessed no cC/eE, there could be no reaction to Mrs. Robertson's antibodies that she had developed from the pregnancy. She possessed no small e, that her husband had transmitted to their unborn child.

Thirty-five miles northwest of Edmonton to the Michel Band, Dr. Buchanan and I went by station wagon and, completing the trip by horse and wagon, we obtained the first donation. The next day Dr. Buchanan drove to Marlborough, 140 miles west of Edmonton for the second donation.

Tests completed; the blood cleared through customs; special filters provided to prevent the bottles bursting at high altitudes; the blood was taken by an R.C.A.F. jet to California. On arrival the blood was spun down a centrifuge to remove all the plasma (the antibodies present from the donor's transfusions and pregnancies are in the plasma) and the packed cells were then washed in saline (antibodies also coat the outside of the cells). The blood was then reconstituted in group AB antibody free plasma.

The replacements were carried out through the baby's umbilical vein. After the cut-down incisions of the ankles had healed, baby Denise joined her ten-year old sister Susan at home with her mother and father. And no happier than they were two Canadian women, of Indian ancestry, who wanted no thanks or praise. They were truly happy that they had saved the life of a baby by their own generosity.

Now the publicity has died, and one can barely recall the event. Yet the work will continue. Partial deletions are still found as we explore the fringes of our two groups and there are many questions still awaiting answers. Why do their cells agglutinate in saline with blocking anti-D? Why did the c or C and e or E drop off in the first instance? Is it due to some weird transmutation or freak of nature, or do these people possess some other factor — an inhibitor or destroyer, that Father Tardif and I like to call our "X" factor for want of a better term? What is filling in the void created by the absence of four out of the six genes? Is the remaining –D– chromosome a more complex factor than is known or might they have a chromosal type for which a testing antisera is as yet undiscovered?

My main query is unanswered. Why did our mother with –D–/–D– genotype deliver a baby of the identical –D–/–D– genotype when the father was of genotype CDe/cDE? If he transmitted one or other of the chromosomes CDe or cDE what happened to the c, C or e, E in the baby's genotype? Of course, a simple explanation is that he was not the father, but men of –D– type are rare and the mating with a deletion should not have caused the increased antibody titre up to some six weeks before full term, the extremely dark amniotic fluid, or the obvious distress of the fetus in utero as ascertained by the extremely rapid and weak fetal heart tones. Could these symptoms possibly have been caused by the breaking down or extrusion of the C, c or e,E of the father's genes?

These questions and countless others may never be answered. Still the research continues as we plow through the mud or snow in our own quest for information.

In spite of their high efficiency mechanical respirators are sometimes unable to deliver as much oxygen as needed to patients paralyzed by bulbar poliomyelitis. Dr. Gunnar Miörner and collaborators in Malmo, Sweden, have found that such patients can be helped by artifically lowering their body temperature. The procedure decreases the amount of oxygen they require.

— COMMUNICATIONS ASSOCIATES INC.

L'Évolution de la Cardiologie et ses Problèmes

PAUL DAVID, M.D.

LES GRANDES EPOQUES DE LA CARDIOLOGIE

I — *Epoque anatomique et physiologique:* Les époques de la cardiologie sont celles de la médecine en général. Ce qui nous paraît simple aujourd'hui a exigé des siècles de minutieuses observations. Petit à petit s'édifia la compréhension anatomique du coeur, muscle puissant dans lequel sont placées quatre cavités. (Galien 138-201 A.D., Ibn an-Nafis 1210-1288). Une cloison sépare le coeur gauche du coeur droit mais oreillette et ventricule communiquent par des orifices sur lesquels sont fixées des valvules tricuspidienne et mitrale qui alternativement les ouvrent et les ferment. Le ventricule droit reçoit le sang des veines caves et il le chasse dans l'artère pulmonaire, le ventricule gauche le sang des veines pulmonaires qu'il éjecte dans l'aorte. A l'origine de ces artères, sont placées des valvules en nid de pigeons dites pulmonaire et aortique. On identifia les diverses structures du coeur dont la masse musculaire, myocarde, est enveloppée au dedans par l'endocarde et au dehors par le péricarde. Le microscope permit une étude détaillée de ces structures à leur état sain et pathologique. (Van Leeuwenhoek 1632-1723).

Beaucoup plus tard et c'est la période physiologique, on identifia le jeu de la circulation sanguine. Sang veineux arrivant au coeur droit et transformé par oxygénation en sang artériel dans le poumon pour être chassé par le coeur gauche dans la grande circulation (Harvey 1578-1657). La force de propulsion du ventricule gauche fut mesurée (Hales 1677-1761). Les lois de la contraction cardiaque furent décrites (Starling 1866-1927). Si la physiologie du coeur normal est maintenant bien connue, la physiopathologie du coeur malade présente encore aujourd'hui bon nombre de mystères.

II — *Epoque clinique:* La découverte du stéthoscope (Laennec 1781-1826) ouvre cette époque extrêmement riche et qui fut l'époque glorieuse de la médecine française en particulier. Mais tous les pays de l'Europe civilisée ont édifié cette médecine d'abord strictement clinique, c'est-à-dire, reposant sur des symptômes et des signes visibles, palpables ou audibles. Puis la clinique s'est enrichie d'appareils rendus accessibles par les progrès de la physique. Les rayons X (Roentgen 1845-1922) et l'électrocardiographie (Einthoven 1860-1927) devinrent les instruments toujours indispensables de la cardiologie moderne.

Les bruits et les souffles anormaux furent décrits et interprétés à la lumière des observations anatomiques. On identifia le rôle de la syphilis, maladie courante à l'époque, sur l'aorte et les valvules sigmoides aortiques. Les rapports entre le rhumatisme articulaire aigu et les lésions valvulaires furent codifiés dans les lois célèbres de Bouillaud (1796-1881). Les troubles du rythme ont été classifiés. Le symptôme angineux fut décrit (Heberdeen 1710-1801) et ses rapports avec l'arbre coronarien établis. L'occlusion de ces vaisseaux et l'infarctus du myocarde rentrèrent définitivement dans le chapitre des cardiopathies (Herrick 1912). L'hypertension et ses conséquences vasculaires et cardiaques sont depuis déjà longtemps fixées. Signalons le travail de pionnier du docteur Maude Abbott de Montréal dans le domaine des maladies congénitales (1869-1940).

En même temps que s'édifia la cardiologie clinique on a établi une thérapeutique rationnelle dont plusieurs médicaments sont encore d'usage

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courant tels la digitale (Withering 1785, Nativelle 1872), la quinidine (Wenkebach et Frey 1918), les salicylates.

III — *Epoque Chirurgicale:* Nous vivons actuellement cette époque qui débuta vers les 1945 à Baltimore lorsque Blalock et Taussig imaginèrent une technique chirurgicale pour améliorer la condition des bébés et enfants bleus. Leurs succès précipitèrent des recherches qui s'étendent aujourd'hui à la correction chirurgicale de toutes les maladies congénitales et acquises. Il faut souligner que tous ces exploits chirurgicaux, dont la presse et les revues à grand tirage sont remplies, ont été rendus possibles par l'avancement des sciences connexes à la chirurgie, en particulier l'anesthésie. Citons quelques-uns seulement des pionniers dont les noms resteront probablement dans les annales des progrés de la chirurgie mondiale ou locale — Blalock, Baltimore; Gros, Boston; Crawford, Stockholm; Bailey, Glover, O'Neil, Philadelphie; Murray, Toronto; Brock, Londres; Mercier-Fauteux, Gagnon, Vineberg, Montréal.

Il est réconfortant de vivre cette période où les chirurgiens du monde entier rivalisent d'audace et d'ingéniosité pour le seul intérêt des malades du coeur et des vaisseaux. Il est inquiétant de suivre cette course non moins spectaculaire du développement atomique à laquelle participent les physiciens de génie de tous les pays, course qui prépare possiblement la destruction d'une partie de l'humanité.

Nous dirons plus loin quelle attitude me semble saine et raisonnable de la part du médecin et de l'infirmière devant les progrès ahurissants et réels de la chirurgie. Nous parlerons aussi des problèmes sociaux et économiques qui vont de pair avec cette thérapeutique nouvelle.

Les Maladies du Coeur aux Differentes Etapes de la Vie

Les premières années: Pour des fins pratiques, cette première étape s'étendra de la naissance à cinq ans. Les cardiopathies observées sont essentiellement congénitales. Leur incidence dans notre milieu est certainement supérieure à ce que laisse soupçonner l'expérience hospitalière courante. Beaucoup de lésions congénitales sont découvertes après la cinquième année faute d'examens plus précis avant. A l'Institut, nous avons confié au Docteur Ghislaine Gilbert ce chapitre de la cardiopathie. La congénitalité cardiaque pose au cardiologue deux problèmes: celui du diagnostic et celui du traitement, l'un et l'autre étant intimement associés.

Il est important d'avoir une claire vision et une saine compréhension de nos pensées lorsqu'un médecin nous réfère ou des parents nous amènent un enfant porteur d'une cardiopathie congénitale. Avant l'ère de la chirurgie, le diagnostic était un acte de gymnastique intellectuelle qui n'aboutissait à aucune sanction thérapeutique. On pouvait sans aucune importance pour l'enfant ni les parents commettre toutes les erreurs possibles de diagnostic. Nous ne pouvions rien faire d'autre que d'assister au cours inexorable de la maladie. Or, nous savons que la survie d'un enfant porteur d'une lésion quelconque congénitale dépasse rarement la vingtième année. Nous savons qu'en très grande majorité ces enfants ont un retard remarquable de croissance. Nous savons que trois fois sur cinq aujourd'hui une cure chirurgicale peut guérir ou améliorer ces enfants. Pour nous, cardiologues, convaincus de ces faits, le choix est fait. Nous proposons une opération chaque fois que la chose est possible c'est-à-dire chaque fois que la lésion dont est porteur l'enfant est susceptible d'être guérie ou améliorée par un acte chirurgical. Mais, et sur ce mais, j'insiste, il faut opérer exclusivement sur des diagnostics certains. Les types de lésions congénitales du coeur sont nombreux et les techniques chirurgicales n'en corrigent actuellement qu'un certain nombre. Si dans le langage courant on entend dire qu'un enfant a un coeur congénital cela ne veut pas dire que tous les enfants qui ont un coeur congénital ont tous la même maladie c'est-à-dire la même lésion. Afin d'apporter plus de lumière sur ce point mal compris du public et de bon nombre de médecins, permettez-moi d'insérer une classification des principales cardiopathies, classification que

nous avons, en collaboration avec le Docteur Gilbert, déjà publiée dans l'Union Médicale.

Classification des cardiopathies congénitales cyanogènes et acyanogènes d'après le Dr. H. B. Taussig:

MALADIES CYANOGÈNES
(shunt veinoartériel)

A — *Avec débit pulmonaire diminué:*
1. Tétralogie de Fallot
2. Trilogie de Fallot
3. Pentalogie de Fallot
4. Atrésie triscuspidienne
5. Transposition vasculaire avec sténose pulmonaire
6. Tronc artériel commun avec circulation bronchique
7. Ventricule unique avec sténose pulmonaire
8. Maladie d'Ebstein avec communication interauriculaire
9. Hypertension pulmonaire congénitale (PPH) avec persistance du foramen ovale.

B — *Avec débit pulmonaire augmenté:*
1. Complexe d'Eisenmenger
2. Anévrisme artérioveineux pulmonaire
3. Syndrome Taussig-Bing
4. Transposition vasculaire sans S.P.
5. Tronc artériel commun avec implantation directe des pulmonaires sur le tronc artériel
6. Ventricule unique sans S.P.

MALADIES ACYANOGÈNES

A — *Avec shunt artérioveineux:*
1. Communication inter-ventriculaire
2. Communication inter-auriculaire
3. Persistance de l'ostium primum
4. Persistance de l'orifice auriculo-ventriculaire commun (A. V. Cummunis)
5. Syndrome de Lutembacher
6. Anomalies du retour veineux
7. Persistance du canal artériel
8. Communication aortopulmonaire (aortic septal defect)
9. Anévrisme du sinus de Valsalva
10. Anévrisme artérioveineux systémique.

B — *Sans shunt:*
1. Sténose pulmonaire isolée
2. Sténose aortique et subaortique
3. Coarctation de l'aorte
4. Arc aortique double (vascular ring)
5. Sténose mitrale.

C — *Autres malformations:*
1. Anomalies des artères coronariennes
2. Fibroélastose
3. Maladie de Fiedler
4. Maladie de Van Gierke
5. Tumeur auriculaire
6. Bloc auriculo-ventriculaire
7. Méthémoglobinémie congénitale
8. Kyste et tumeur du péricarde.

En conclusion, seules les lésions opérables peuvent évidemment être opérées avec succès. Dans nul autre chapitre de la cardiologie doit-on être plus précis que dans celui-ci et c'est pourquoi tous les raffinements de la cardiologie moderne sont employés. Un certain nombre de cardiopathies congénitales sont d'un diagnostic facile aux seuls examens de routine cardiologique, c'est-à-dire, clinique, radiologique et électrocardiographique tels la coarctation de l'aorte et le canal artériel; d'autres résistent à ces examents courants et pour eux furent imaginées des techniques plus récentes de diagnostic, le *cathétérisme des cavités* cardiaques et de l'artère pulmonaire et l'*angiocardiographie*. Résumons ces techniques qui pour un certain nombre d'entre vous sont peu ou mal connues.

CATHÉTÉRISME DU COEUR

Par une veine du pli du coude, sous anasthésie locale, est introduit un cathéter spécial très solide quoique flexible et opaque aux Rayons X. Il est acheminé vers l'oreillette droite, passe la tricuspide dans le ventricule droit et franchit les sigmoides pulmonaires vers le tronc commun et les branches de l'artère pulmonaire. L'opérateur et le radiologue suivent sous écran fluoroscopique le trajet du cathéter qui peut, avec certains types de lésions, emprunter des chemins anormaux dans l'oreillette gauche par une communication interauriculaire

dans le ventricule gauche par une communication interventriculaire. Mais en dehors de suivre le trajet de la sonde, cet examen a deux buts précis:

1 — La mesure des pressions dans les diverses cavités, mesures qui renseignent sur les obstacles valvulaires ou infundibulaires possibles ou sur des apports supplémentaires de sang par des communications anormales.

2 — Le prélèvement d'échantillons sanguins aux différentes étapes. Ces échantillons sont prélevés dans des éprouvettes sans couvert de parafine et leur contenu en O est examiné au laboratoire au Van Slyke ou par lecture directe à l'oxymètre. Des variations significatives du taux d'oxygénération dans les diverses cavités examinées sont les éléments importants pour le diagnostic de présence ou absence d'un shunt.

Angiocardiographie

Examen qui consiste à injecter rapidement par voie veineuse une substance radiopaque et à sectionner le passage de cette substance par des prises rapides de clichés sous une ou deux incidences. Le but de cet examen est de suivre dans le coeur le temps et l'intensité de l'opacification des différentes cavités, voies d'apport et voies de débit. Nous nous servons d'un appareil Suédois, un Schoenander, qui permet d'impressioner des films sous deux incidences simultanément à la vitesse que nous fixons avant l'examen à 2, 4 ou 6 films à la seconde. La substance de contraste utilisée chez nous est de l'urokon à 70 pour cent. Nous tirons 60 films, 30 sous chaque incidence.

Nous sommes loin d'un diagnostic stéthoscopique! Il n'est pas du cadre de ce travail de discuter les limites de ces examens qui n'éclairent pas automatiquement tous les mystères. J'aimerais souligner la dépense considérable que supposent ces examens et le personnel énorme mis en activité. Le cathétérisme demande une équipe qui, à l'Institut, comprend deux médecins, un radiologiste, une technicienne en radiologie, une technicienne de laboratoire, une garde-malade et un physicien. Chaque examen prend entre deux et trois heures. L'analyse des gaz d'un seul examen demande un minimum de six heures de travail. Que dire du temps que doit prendre le radiologue pour examiner dans ses plus petits détails soixante films! Il faut également avouer que ces examens présentent un risque. Les accidents sont rares mais possibles, fait que nous révélons chaque fois aux parents. Nous sommes cependant moralement bien convaincus qu'il est infiniment moins grave de faire l'un ou l'autre ou les deux examens que d'opérer sur un diagnostic d'à peu près. Presque tout enfant porteur d'une lésion congénitale dont le thorax est ouvert et chez qui le chirurgien ne fait rien meurt des suites de cette opération inutile. Depuis l'ouverture de l'Institut, nous avons fait 85 cathétérismes avec un décès dans les vingt-quatre heures et 64 angiocardiographies sans incident mortel.

(La suite au prochain numéro)

Nursing Sisters' Association

The Winnipeg Unit had an active and interesting year in 1955. The annual dinner meeting was held in the Business and Professional Women's Club. Mrs. E. A. Rabson, national president, stressed the aims of the association in her address. These were: to stimulate friendship among members; to work for national unity and international peace; to give aid and comfort to nurses in need.

Three general meetings were held during the year. A raffle was conducted in conjunction with the annual spring tea, the proceeds being used for welfare work. The Remembrance Day tea was held in November. Mrs. F. Sharp, president, and Miss E. Hudson represented the Unit at the Memorial Day service when Mrs. Sharp placed a wreath on the Cenotaph. Plans are being made to welcome and entertain the nursing sisters who attend the biennial convention in June this year.

A Women's Auxiliary in Action

MARIE C. CROLL

THE WOMEN'S AUXILIARY of Victoria Hospital, London, Ont., was organized in April, 1924, when 12 members, who had been specified and appointed by the Hospital Trust, met and elected their officers. Twenty-five associate members joined the Auxiliary soon afterwards. Now the membership is about 350. It fluctuates as new members join and old members neglect to renew their membership fees which are only 50 cents.

The object of the Auxiliary is "To assist in every way possible the Hospital Trust, the Superintendent, and the Superintendent of Nurses in matters pertaining to Hospital patients, nurses or equipment." (Quoted from Constitution) It is affiliated with the following:

1. Local Council of Women
2. Good Will Industries
3. Women's Hospital Auxiliary of Ontario
4. National Hospital Association

The Board consists of 20 members, 10 elected each year for a two-year term.

Tag Day, an annual affair, is held on the Saturday nearest Hospital Day, May 12th. This is the only money raising effort for the Auxiliary as a whole and the only time in the year when they go to the public for funds. One hundred fifty members and 260 school children assisted with Tag Day last year, when $1,500 was raised.

The Auxiliary is composed of 12 committees or groups, each doing its specific work. Each member is urged to assist with the work of the Auxiliary by belonging to one of these committees. Some of these groups raise money to carry on their work, while others are purely service groups. The smallest group has 12 members, while the largest has over 60 members.

Each February, a Membership Tea is held at the nurses' residence when new members are welcomed, and old members may come and renew friendships as well as their membership. Each member then joins the group or groups of her choice, to carry on the work in which she is most interested.

Mrs. Croll is president of the Women's Auxiliary of Victoria Hospital, London, Ontario.

COMMITTEES

1. *The Membership Committee* is in charge of the Membership Tea and all social affairs as well as the memberships.

2. *The Literary Committee* operates a lending library of books and magazines for the use of the hospital patients. The members of this committee take turns with a cart which is taken twice weekly around to the patients in the wards, loaded with magazines and books donated by members and their friends. They visit with the patients on their rounds. About 30 members are on this committee.

3. *Entertainment and Cheer Committee* provides special treats for ward patients at Easter, Thanksgiving and Christmas. Fruit, candy and cigarettes are arranged on the patients' trays as well as special gifts at Christmas, some of which are articles made by the members, such as bed-jackets. Bridge parties and rummage sales are their main sources of revenue. This group furnished a three-bed room in the new wing at a cost of $1,000 the money being raised in addition to the sum required for their regular work. They have 25 members.

4. *National Council of Jewish Women* visit their own patients and entertain relatives and friends of out-of-town patients. Their money is raised through voluntary subscription. They furnished a two-bed room in the new wing at a cost of $750.

5. *Flower Committee* places flowers in the wards, at the hospital entrance, Cancer Clinic, x-ray department and nurses' residence weekly. Money for this work is raised by private donations (sometimes talent money) within the group. They have about 30.

6. *Nurses - in - Training Committee* provides entertainment for student nurses. Parties are given in the fall and at Christmas. A reception and tea on graduation day make this a special occasion for the nurses' relatives and friends. Sick nurses are remembered with cards and magazines. Four community concert tickets are purchased for the use of the nurses and given out at the discretion of the director of nursing. As a special project this group is gradually furnishing a roof garden on the nurses' residence. There are about 30 members. The work of this group is much appreciated by the director of nurses who would like the Auxiliary to extend its work for the nurses.

7. *Motors Group,* which consists of only 12 members, meets regularly for social affairs and raises its money among the members. Transportation for student nurses is provided at graduation and on other special occasions. Theatre and concert tickets are provided by this group also.

8. *Prenatal Committee,* one of the largest groups with a membership of about 40, assists in the obstetrical wards and operates a gift shop in the hospital. Their very smart and modern new shop in the main corridor of the hospital was opened last June. It is operated from 2-4 and 7-9 daily by the members of the group, who also make the knitted and hand-sewn baby garments which are for sale, as well as toys etc. Two Isolettes were donated by the group in 1954 at a cost of $825. Two mobile sitz baths at a total cost of $465 were given in 1955, as well as the office furnishings for the nurse in charge of the obstetrical ward, at a cost of nearly $600.

9. *Visiting and Service Committee* stands ready to give personal service to patients who may require it. This group has offered assistance in the psychiatric ward when an occupational therapist is available. A dessert bridge in April provided them with funds for material and equipment. They have about 20 members — nearly all young doctor's wives.

10. *The Educational Committee* awards a scholarship of $350 each year for graduate work at the University of Western Ontario School of Nursing to the new graduate who stands highest in her class. Several tickets for London Little Theatre are also provided for the student nurses. Money for these projects is raised through an annual Garden Tea in June. Last year the membership of about 60 raised $425.

11. *The Cancer Committee* serves coffee and cookies three mornings each week to the patients in the Cancer Clinic — there are as many as 30-40 patients each time. All equipment for making and serving the coffee, as well as the coffee, is supplied by the committee. Tea was served at the formal opening of the Cancer Clinic (Fall, 1954), by the group. Magazines, flowers and newspapers are also supplied. A large tea is held in May to assist the membership of 30-35 in raising the funds required for these projects.

12. *The Coffee Shop,* that is owned and operated by the Auxiliary, is our chief source of revenue. It is managed with all paid help under the supervision of a committee consisting of the past presidents. In June 1954, the Coffee Shop was opened in new quarters in the main corridor of the new wing of the hospital. It was completely furnished by the Auxiliary at a cost of over $18,000. It is very bright and modern and provides a wonderful service to the hospital patients and staff.

In addition to the contributions of the various committees, the Auxiliary has taken care of the following:

A $350 scholarship to University of Western Ontario School of Nursing.

Christmas trees provided for the hospital entrance, nurses' residence and War Memorial Hospital.

Furniture for the waiting room in the new x-ray department, cost $950.

Curtains for admitting room, cost $250.

Tea and reception following opening of the new wing for 400-500 guests.

* * *

"Pourquoi diable," demande le médecin à son confrère, "demandez-vous toujours à vos malades la composition exacte de leurs repas?" "Parce que cela m'aide à fixer le montant de mes honoraires."

* * *

Un homme, toujours satisfait de lui-même l'est peu souvent des autres; rarement on l'est de lui.

A Nurse's Private Devotions

BEATRICE A. MACLEAN

"We are either instruments or agents of God." This arresting thought made me pause and consider my relationship to God. An instrument may serve a very useful purpose but it lacks feeling or response either for what is happening to it, or how its use may be affecting others. An agent is constantly aware of his function. He is able to enjoy the privilege of responding to the call to be an ambassador and of sharing responsibility. To qualify as a good agent, one must really believe in one's product, know it well — be sold on it.

I began to wonder about my own status. Was I an instrument or an agent of God? Very quickly I decided — I was an agent. Then I began to appraise myself. What kind of an agent was I? How effective was I? Was I sold on my product 100 per cent all of the time or just when I was with a group of enthusiastic people who shared my beliefs? How vital and important would my product be to me in the face of opposition? What would I do when others said, "Oh yes, that can be used here, here and here, but in this practical situation, forget it — it just won't work." There is no doubt that I would prefer to be a good agent. Wishing would not make me one. What must I do?

A good agent must know his product well. I must get to know God better. I knew much about Him. I knew many who testified to the fact that He had made a great success (in His terms) out of each life fully committed to Him. I had increased my knowledge about God through the Bible, and by observing His creation all around me. Still I really did not know Him. He was not a *living* God to me. I thought of Him as a rather stodgy, old, far-away Spirit. This conditioned my prayers into becoming burdensome duties — a matter of reciting petitions for things I could have accomplished for myself had I tried hard enough. I prayed only when I happened to have spare time, was in the mood or thought of it. I looked upon prayer as an unimportant duty with no expectation of results — altogether a pretty static affair. Was it any wonder that I had little assurance about private devotions? How could I put into words for someone else a faith which was not a living, dynamic one for me personally?

The late Professor Einstein once wrote that the problems of the world will only be solved when we have dealt with the problems of the human heart. He was right. All other problems are symptomatic of personal problems. We need to know God because we find the world has become too complex for us to handle it adequately alone. We are not self-sufficient. For a long time we have been content to busy ourselves with everything but the development of our spiritual nature. A great many of us are content to concentrate on building generations of physically healthy giants who are babes in spiritual development. The basic solution to our spiritual growth is to be found in our own private devotions. I would like to share some of the discoveries I have made in enriching and vitalizing my own devotions.

I began by reading so that I might profit by the experience of others. I wanted to see how they had handled this question. Some books I read simply to broaden my view and understanding of the world in which I lived. I sought to improve the quality of my prayers through this. Another great aid to me was attending retreats. Here I found splendid opportunity to receive spiritual instruction from those long experienced in the field. I shared in the discussion, studied the Bible, read devotional helps, and had a period of quiet time to meditate. In addition, I prayed. I was more convinced than ever that one could only learn by

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doing. If one is to learn to pray, one must practise praying.

Purpose

What was my purpose in having private devotions? I concluded that it was that I might know God and His nature, in order to have fellowship with Him as a friend. We do not make friends with the idea of using them to further our own purposes. No more should we approach God in this fashion. Primarily we want to be friends with Him so that we may enjoy His fellowship. As we grow in our knowledge of Him, we come to love Him more and more. We find that He has a purpose for each one of our lives.

Finding Time

I had to be willing to make time. I could always do this for anything I deemed really important. Rare was the occasion when I did not take time thrice daily for the meals to nourish my physical body. Was not nourishment of my spiritual nature equally important? Was I more interested in making a living than in making a life? If I was to know God, I had to consciously take time out to commune with Him.

When should I take time? This could not depend on just whether or not I was in the mood. Our God is a jealous God and makes imperious demands upon us. He insists on being put first in all things. What would happen to our clubs if we only attended meetings when we felt like it? Or to the quality of our nursing if we only attended lectures when we were in the mood? We must be equally regular in our private devotions.

We must pray daily — not because we are being good but because we need the friendship of God daily that we may live at our best. I remember a friend saying "It is when I'm wanting most to do the will of God that I feel temptation closest. In fact, the devil is sitting right there on my shoulder working overtime to lead me into temptation. The devil is not nearly so concerned over those who are indifferent to Christ's claims as he is over those who are seeking to do the will of their Father and so be rid of his evil influence." This is one reason why we need to pray daily for God's help.

Hour of the Day

I found that my best time for devotions was when I was most alert. We always want to be at our best for company, when applying for a job, or when meeting someone we feel to be important. The same principle applies to our periods of private worship. The time set aside has varied. Ideally, I found that when I took time out for private devotions before breakfast, I was better equipped for whatever the day might bring.

Place

I like to have a definite and quiet spot. It helps me to concentrate more quickly. Perhaps when my prayer life has developed more richly this will seem less important to me.

Attitude

When I expected little or nothing to happen during this period, usually little or nothing did. I discovered that if God was to become real to me, I had to be utterly sincere in my seeking. I shall always be grateful to the minister who illuminated the statement "Thou shalt not take the Lord's name in vain." Until very recently I had thought that this statement applied only to swearing. Now it has taken on a much richer meaning for me. If I am not to take His name in vain, I must not pray half-heartedly, not really meaning what I say. If I am sincere, my devotion will be a rich time of fellowship.

My chief obstacle in finding real communion with God lay in the verse of scripture to be found in St. Matthew 5:23, "So if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there before the altar and go; first, be reconciled to your brother." An unforgiving heart and unwillingness to put every area of life in God's hands can constitute a complete block to effective

prayer. We must implicitly believe in His great power, that in and through Him all things are possible.

Our approach to God should be unhurried and thoughtful. We must come before Him purposing to be obedient to the guidance He gives. This God of ours is not a wishy-washy Spirit. He demands complete obedience. We must come into His presence humbly — remembering Who He is. He is a God whose wisdom and love is so vast that it is beyond the comprehension of our finite minds. Our minds must be free of distractions with our attention centred completely on Him. I have found the Lord's prayer particularly helpful as a guide to what should be included in prayer. For a moment, let us think of it phrase by phrase. We will by no means exhaust its implications but merely touch on them.

Our Father — What does this personal pronoun mean? Simply that no one of us can think of ourselves as being favorites with God. He is impartial towards all of His children. He is concerned about the welfare of each regardless of what part of town, or in which part of the globe they live. *Father* implies that we are all His children, therefore we are brothers whatever our color or nationality. He amply supplies our every need. He disciplines us for our own good because He loves us. He rightly expects our love and devotion in return, for He is very much alive.

Which art in Heaven — Heaven is not a place for God is everywhere. Heaven is a relationship — the right relationship between God and man. Therefore He is there with me in my prayers if I fulfill my duties towards Him.

Thy Kingdom come, Thy will be done on earth as it is in Heaven — These phrases are coupled together because one can be accomplished only as the other is fulfilled.

Give us this day our daily bread — This reminds me that we are to live one day at a time.

And forgive us our trespasses as we forgive others — Note the condition. Think of the great number of times in our lives when we have disappointed God. Yet He is always ready to forgive. He is so gracious — we can be so grudging with our forgiveness towards others.

It has been said that prayer should include adoration, thanksgiving, confession, petition and intercession.

Adoration for what He is. We adore Him because He first sought us and by His Spirit prompted us to seek Him.

Thanksgiving — How ungrateful we are to accept His countless blessings which have surrounded us from birth, and yet neglect to take time to so much as murmur a word of thanks to Him.

Confession — How the light of His presence brings to mind so many sins we would not otherwise see!

Petition — Recently a retreat leader described this portion of prayer as presenting God with a shopping list and expecting Him to fill it "but quick." Is God to be merely our errand boy? Do we seriously consider to Whom we are speaking and what we are asking? Is it a purely selfish request? Is it a wise request? Should we just leave it to His wisdom to decide what will be best for our ultimate and greatest good?

Intercession — With the knowledge that God alone can adequately supply every need of His children, we are eager to bring our friends and our enemies into His presence. I can recall including in this part of my prayer only those who were my friends or for whom I had a special concern. Suddenly one day two verses of Scripture flashed into my mind. "Love your enemies" and "If you love them that love you, what do ye more than the others? Do not even the publicans so?" Right then I started to think of the person I disliked most and sincerely asked God to bless her richly and fill her every need.

During my prayer time I like to read a portion of the Bible. I first ask God to open my eyes to the truths which lie therein, then proceed reverently, expectantly, intelligently, slowly and thoughtfully. I usually find something which arrests my attention. I close the Book and ponder on what it has to say to me. This is essentially a portion of the listening process in prayer. Too frequently we are inclined to go ahead with our own plans, (instead of first seeking God's will) and then ask His blessing for what we have attempted to do. Let us remember He will give us victory in all things

as long as we abide in Him.

I have not related this private devotion period to the nursing situation particularly. It is an individual matter and each of us has her own special needs regardless of which branch of nursing we follow. Each of us has to work out our own salvation and establish our own personal relationship with God.

What fruits can we expect from our period of private devotion? When we fulfill the conditions this period will become increasingly meaningful to our lives. We will find it absolutely indispensable. We will find ourselves increasingly dependent upon His guidance and steadfast goodwill. Prayer will become more stimulating. It will cause us to grow in understanding of our Father, of the world in which we live and of ourselves. It will give us a new sense of values and a new freedom. It will give us a high purpose for living and a new zest for life. We will experience a true inner joy and peace because we are not frustrated trying to serve two masters. Rather we are agents of one Lord Who takes priority in all things.

National Health Week

This year, Canada's 12th National Health Week, sponsored by the Health League of Canada in cooperation with Departments of Health and Education from coast to coast, will take place from January 29 to February 4.

How many of us realize the millions of dollars that are poured out on medical care — medical care for diseases *that could be prevented* each year in Canada.

A regular, paved, two-lane highway, complete with underpasses and sidewalks, could be built from Halifax to Vancouver *and back* for what Canadians pay out in medical and dental bills in *one year*. The yearly bill for dental care alone runs over the seventy-million dollar mark.

Time lost at work through illness mounts to a staggering figure — 143,150 years of working hours — or a period many times longer than all recorded history is lost in one year by Canadian workers.

Eight thousand Canadians lose their lives through accidents. Of this figure, 1,500 are children, under the age of 15. Death comes from traffic accidents, drowning, fires, suffocation by ingested objects, accidental poisoning, falls and crushings, firearms and accidental electrocution.

Much illness and disease *can be prevented*. The enormous dental bills can be reduced by fluoridation of communal water supplies, which measure has already reduced the incidence of tooth decay by as much as 69 per cent in some areas.

The grisly yearly toll of human lives lost, and the greater number of cripplings resulting from accidents, can also be lowered. Health is everybody's business — and everybody can help.

Health Week will focus attention upon two particular phases of health this year — accidents, that could be prevented, and fluoridation of communal water supplies, that has been called one of the greatest discoveries in the field of public health in the past century.

— The Health League of Canada

The shortage of public health personnel is felt in most countries of the world, and nowhere so keenly as in the rural areas. It is perhaps difficult for city-dwellers to realize that over two-thirds of the world's population live in technically less developed, largely rural, areas, that their life expectancy at birth averages only 30 years, in contrast with 63 years in the more favored countries, and that their average annual per capita income is under 50 dollars.

Poverty helps to create more disease which, in turn, tends to perpetuate poverty. It is a challenge of our times to apply properly the technical advances now available to combat such communicable diseases as typhus, yellow fever, malaria, tuberculosis, and the treponematoses, and thus bring to this large group of people an improvement in health without which they are unlikely to realize their full social, cultural and economic potentialities. It should be added that the improvement of environmental sanitation is fundamental to any advance.

— Pan American Sanitary Bureau

From Little Acorns . . .

ETHELYN BUTLER

WE ARE GOING to trace the growth and development of a child from birth to adolescence so let us, for the sake of interest, make it a living child. To be sure, statistics are derived from living children, but let us dust off the dryness of mere statistical facts. Let us give this child not only sex but a name, weight, color and individual characteristics. Let us give him parents and a home. In a manner of speaking, we are going to watch this child through several years of growth and development so what would be more natural than that we should come to know him well and to like him.

Let us say that his parents are a young couple named Stuart who live in a small house on the outskirts of a large city. Mr. and Mrs. Stuart are college educated people who have planned for a child for several years. That is why they bought the house in the suburbs rather than going on living in their city apartment. They are keenly interested in every phase of their child's growth and development not only because they are intelligent people but because they have found that they are unable to have a child of their own and so must find one they can adopt.

The Cradle Agency has had the Stuarts' name on their list of approved parents for some time and finally they have made the happy announcement that a child of suitable background (that is, race, coloring, mental level of parents) will be born in the middle of March. If Mr. and Mrs. Stuart are willing to take the child regardless of its sex they may take it home from the hospital five days after it is born. Mr. and Mrs. Stuart really don't care at all whether the child is a boy or a girl. They even enjoy the element of surprise which is the normal condition for prospective parents. Let us say that the great day has come. The child was born at 8:10 p.m. on March 14th. It is a boy who has been listed as "apparently normal" and entered into the newborn nursery. Mr. and Mrs. Stuart have hurried to the hospital and are standing outside of the glass partition waiting for a look at what will be, for the rest of his life, their son.

The first thing that struck Mr. and Mrs. Stuart was the realization that birth is not the beginning at all. Of course they had known this all during the time they had been gathering clothes and equipment for the baby but they were reminded more forcibly when they observed the perfection of the child's small body. They read on the card on his bassinet that his birth weight was seven pounds and eight ounces, his length was 20 inches, the circumference of his head 13½ inches, his chest 12½ inches and his crown-rump measurement 13½ inches. They were happy to learn that these measurements were considered quite normal. They knew that the proportions were correct because the chest measurement is supposed to be one inch less than the head measurement and the crown-rump measurement is supposed to be the same as the head measurement. The child's birth had been normal, so he lay in a rather curled up position. The doctor demonstrated to them that the baby had normal muscle tone by showing them how he resisted extension, that is, when his small arms were straightened out they immediately curled up again when released.

Mr. and Mrs. Stuart surreptitiously counted the number of fingers (and found five) when the doctor demonstrated the grasp reflex. The baby grasped fingers so tightly that the doctor was able to lift him. This was as it should be as a baby is capable of tensing his muscles only to their maximum, and having done this, cannot readily release the tension as he is only a creature of reflexes of the sim-

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Miss Butler wrote this as a student from Columbus Hospital School of Nursing, Seattle, Washington, when she was on affiliation in pediatrics at the Vancouver General Hospital.

plest sort at birth. Next the doctor showed the "walking reflex" which made Mr. Stuart think he was acquiring a Herculean child until it was explained that this is quite normal. It was, none the less, quite impressive when they saw that when the baby's body weight was supported he made walking movements with his feet.

When the baby was laid back in his bassinet the Stuarts noticed fine tremors in his little hands. They might have worried that this indicated something wrong had they not known that this is normal and caused by the incomplete development of a newborn's nervous system. The baby had about fallen asleep at this point when the doctor jarred the base of the bassinet sharply as he had another reflex to demonstrate. This was the Moro reflex, sometimes called the "startle" reflex. The baby reacted normally, shooting his arms and legs out quickly like a frog. He began crying at the same time but the doctor paid no attention to this as he wanted his examination to be quite complete. He turned the baby's head to the right and observed that when he did this the child's right arm and leg extended, and when he turned the child's head to the left his left arm and leg extended. This appeared to be quite a ridiculous bother to the baby but the Stuarts knew that the absence of this normal reaction would have indicated some defect in the baby's nervous system.

There was no decision to make about whether the Stuart's baby was to be breast fed or bottle fed so Mrs. Stuart had ready a dozen bottles made of heat resistant glass, a sterilizer with a rack for holding the bottles, nipples and nipple covers and large gripping forceps for handling the hot bottles. The doctor had already given her a formula that was quite simple. It was 8 ounces of evaporated milk, 14 ounces of water, and 2 tablespoons of sugar. She knew how to prepare the whole day's amount, at one time, using aseptic technique, and put it into six bottles. The bottles were to be covered with nipples and nipple shields and put immediately into the refrigerator. Mr. and Mrs. Stuart wanted to watch their baby being fed so they went to the hospital and waited outside the window of the nursery.

"They're starving our baby," Mr. Stuart said, "Some of those babies are getting milk but all our baby has had is a little water!" "But he's only two days old, dear," Mrs. Stuart reminded him, "Don't you remember that the books all said that mothers' milk doesn't begin for about three days, and that it is not good for a baby to have milk before then? Anyway, that water he's getting contains 5% sugar, the doctor said. You remember that the books on infants agreed that babies are born with a calcium accumulation and that the giving of milk at too early an age might raise the baby's phosphorus level which would lower his calcium balance, which would be bad for him? You don't want him to have convulsions, do you?

"That's right, I guess," Mr. Stuart admitted, "but it does seem heartless. See how he keeps trying to suck. Every time something touches his cheek he turns his head towards it as if he were hungry."

"Well, the impulse to suck is one of the primary ones he's born with. The nurse says that the sugar and water solution he gets will not only keep him from getting dehydrated but also give him some practice in sucking so that when he begins on formula he'll be able to take it without any difficulty. Besides that, his taking the water well will prove that there is no obstruction or abnormality which would need to be corrected before he really begins to eat. Tomorrow he'll be three days old and then we'll see some milk in his bottle."

When he was five days old Mr. and Mrs. Stuart brought their baby home and began trying to remember to call him "Joe," the name they had chosen for him, instead of "the baby." Their homecoming with Joe coincided with that of their neighbors, the Smiths, who had had a baby girl born to them on the same day that Joe was born. This was a happy coincidence as the two new mothers could look forward to companionship for their children when they were old enough to enjoy it. Besides this, they could have fun comparing their babies' growth and development.

At first it seemed that Joe's only interests in life were food and sleep. Joe's mother, who spent the most time with him, knew that he did respond to various things in his environment. She could tell that, though he couldn't really see very well, he knew the difference between light and dark as he would blink his eyes and turn away from a bright light. She knew that he enjoyed some sort of emotional pleasure while eating. She found, for instance, that when the holes in one of the nipples were too large that he could finish all his feeding in ten minutes but that this left his sucking impulse somewhat unsatisfied so that after he had eaten all he wanted he would continue to suck on whatever was near his mouth, often his fist when he could find it. His mother adjusted this so that all the nipples were made to offer enough resistance to his sucking that a feeding would take 20 minutes time to finish. When this was done Joe fell asleep after each feeding. To accomplish this Mrs. Stuart bought new nipples which did not have any holes so that she could make the holes herself with a hot, sterilized needle. She found that they were just right when they would pour milk out in a fine spray for the first moment after she tipped up the bottle and then quickly drop milk in drops. The nipples that continued to dispense milk in a spray were giving it too fast. Those that dropped milk in drops when first tipped up were dispensing it too slowly so that a baby would become too tired to suck enough to get all the milk he should have.

For a few days Joe had small blisters on his lips which were caused from sucking. At first Mrs. Stuart was afraid that the nipples she had bought were too harsh and irritating, especially when she saw that her neighbor's baby, who was breast fed did not have these. Although her books stated that this was quite normal she felt a little better when, one day, little Cora Smith developed a blister too.

When Joe's mother cleaned his nostrils with cotton-tipped applicators he opened his mouth wide to protest this indignity. When he did this his mother noticed that he had small, white spots on the midline of his hard palate and gums. She took a clean applicator and tried to wipe them away but this could not be done so she knew that they were what the books had described as "epithelial pearls" caused by normal excess of epithelial cells. Had these spots appeared on his tongue or in the folds of his cheeks she would have known that he had thrush, and she would need to consult the doctor for treatment.

One day when Mrs. Stuart visited Mrs. Smith she observed that Cora's stools were of a different color and consistency than those of her baby. Joe's stools were a uniform, semi-firm consistency and a light tan color while those of the Smith baby were more mucoid appearing and a bright yellow color. The difference here did not indicate anything wrong with either child, but was due to the fact that one baby was formula fed and the other was breast fed.

Joe's parents had studied the graphs on normal child development so they waited for his first voluntary effort to appear when he was between two and three weeks old. His parents were satisfied when they were able to attract his attention with a brightly colored toy held for him to see. He stared fixedly at it as if fascinated.

By the time Joe was five weeks old he was quite in the habit of staring at whatever face was peering down at him. One day when he was staring at his mother he broke into his first big, unmistakable smile. She was not only glad that he was happy but was pleased that he had passed this particular milestone in his development, which should occur between the ages of four and six weeks.

When Joe was two months old he sometimes sucked his little curled up fists but when he moved his arms away from his mouth he did not know how to guide them back to it again. By the time he was three months old, however, he was able to put his fists into his mouth whenever he liked. He could not yet reach for an object though his eyes would be fastened on it longingly, but if the object, such as a rattle, were put into his hand he would wave it around happily. Joe's parents wanted their baby to develop right on schedule, but when he did, it sometimes

seemed a mixed blessing. Mr. Stuart's close-up views of Joe were myopic because the baby usually snatched off his glasses. He was six months old when he had become expert at this and his mother found it a bother too as he was equally good at putting her beads into his mouth or picking up any tiny objects, all of which he routed for digestion.

Joe weighed 18 pounds when he was six months old. He had weighed 15 pounds at four months which was right for his age according to the progress graphs. His parents knew this was right as it was double his birth weight. He was a good natured, healthy baby. He was able to reach for things with both hands or with one hand. He could pull himself to a standing position by the bars of his crib or play pen, though he was not much good at getting himself down again once he was up. He often laughed and crooned and babbled nonsense. He would reach for his mother when she came near him and seemed to play most happily when he was in the same room with her. He greeted his father each evening with happy squeals of anticipation for the rough sort of play that his mother pretended to scold about. Besides his formula he was getting quite a variety of soft strained vegetables, fruit and cereal. He had had a small amount of egg yolk. Occasionally his mother offered him milk from a cup.

Joe had been such a good baby that his mother was a bit worried when he became cross and irritable, refused his food and ran two degrees of temperature. Mrs. Stuart telephoned her doctor for advice and he suggested examining the baby's mouth for teeth. Mrs. Stuart found no teeth but there were some light colored raised areas where teeth appeared to be about to come through and his gums were generally red and swollen. During the next few weeks Joe cut four teeth. The first to appear were the lower first incisors; next came upper front incisors to match. During this time Joe's mother gave him firm rubber toys to chew on, and put away all toys made of such material as celluloid which might have broken into pieces he could swallow. Cora Smith, the neighbor baby, was cutting teeth at this same time at about the same rate. After a few days spent with their irritable children the two mothers began snarling at their husbands. One day the fathers were caught making small bets on which child would cut the most teeth the fastest. For some reason this increased the domestic tension and tranquillity wasn't restored until the babies had been left with a sitter and the mothers taken out to dinner!

A double birthday party was held for Joe Stuart and Cora Smith but the occasion was appreciated more by the parents than the guests of honor. The babies reached for the lighted candles but were not allowed to have them. Their parents even ate their birthday cakes except for small bits which had the icing removed. The two children were put in a pen to play together but at one year they had not learned much about sharing so their playing was mostly of the "parallel" type. They observed each other closely from time to time, but mostly their direct contact was for the purpose of one taking the particular toy that the other was holding. Early in the evening the babies grew bored and fell asleep which left the parents free to get on with the main purpose of the party which was evaluation of their children's year of growth and development.

Physical development records showed that each child had tripled the birth weight, which meant that Joe weighed 22½ pounds. Each child had grown 9 inches in length, which meant that Joe was 29 inches long. Joe had 6 teeth, which is normal. Cora had 7, which Mr. and Mrs. Stuart told each other later was all right but not a bit necessary. Their motor development was such that they could pull themselves erect, and manage their arms and legs quite well. Cora Smith had been able to walk alone for two days but Joe could walk only if someone held onto at least one hand. He could stand alone, though, especially when he didn't notice that he was doing it, such as when he held some interesting object in both hands.

Personal-social development showed the good effect of a wholesome en-

vironment as the babies were happy and outgoing. Cora was a little shy but would allow herself to be picked up by a stranger if given an hour or two to study her from a distance first. Both children slept well almost anywhere, often in very awkward positions. Elimination had never been a problem. Each mother had learned her child's schedule so well that a casual sort of toilet training had been begun. At this time, this only amounted to a usually productive time spent on a child's pot in the morning. The main habit peculiarities were that Cora would not go to sleep without a particular rag doll and Joe would always crawl to the foot of his bed where he could see his mother through the doorway. Joe's mother adjusted this by moving his crib a little so that he could watch her while lying in a normal position.

Adaptive development was meager at this stage. Cora had a vocabulary of a dozen words, or so her parents claimed, but all that could be understood by outsiders was "Mamma, Dada, and ball." Joe could say only three words but everyone could understand them. They were "Mama, Dada and eat." Cora had several inches of fine, dark hair but Joe's little bald head was just beginning to show some yellow fuzz. Cora's cheeks were quite pink while Joe was cream-colored all over. Mr. and Mrs. Smith thought this indicated that Cora was healthier until they read that many babies, especially those of blonde coloring like Joe, were normally pale.

During their next year Joe and Cora played in the same yard but they didn't learn much about playing together. They appeared to entertain each other but did not work long on a community project. This could be observed in the sand box, for instance. One would watch the other shoveling sand into a pail but when given like equipment, would fling sand about independently. By the time they reached their second birthdays each child had not only front teeth but upper and lower bicuspids, sometimes called "two-year molars." Cora could walk quickly and run without falling but Joe lumbered about more awkwardly. His parents believed this was because Cora was thin and wiry while Joe was plump and sturdy. Both children ate chopped food that was usually part of the family meal rather than special baby food. Cora talked a great deal and quite plainly; Joe used only simple sentences such as "This is my truck" or "You go home." He forgot even the words he knew when Cora incited his anger, so would revert to a torrent of nonsense words, delivered with great feeling. Joe's father maintained that Cora spoke more because she was going to be a woman and was getting into practice. If he had any secret fears, he needn't have, because by the time both children were three years old they could talk equally well. In fact Joe learned two words that Cora had never heard. Had it not been for the book's recommendation against it, his mother would have washed his mouth out with soap.

One afternoon a little old lady who was collecting funds for a charity visited Mrs. Stuart as she was about to get Joe up from his nap. She introduced herself as Mrs. Gunder, explained her mission and received a contribution. A near fall over a toy on the floor brought the conversation around to children and resulted in Mrs. Gunder's staying to see Joe. After admiring him enthusiastically enough to please his mother, she asked if he resembled his father. This brought out the fact that he had come from the Cradle Agency. On hearing this Mrs. Gunder nearly choked with emotion.

"How I admire you, my dear" she said "for giving this fortunate child a home! When I think of the institutions crowded with hundreds of babies needing to be adopted my heart aches!"

"Hundreds of—" Mrs. Stuart sputtered, "It's *we* who are lucky! We were on a waiting list for four years before we got this baby! It took several years before that for us to become established well enough to even get on a waiting list. This house, our savings, my husband's job, the security of our marriage, all had to be proved before any agency would even accept our application. Don't you know there aren't enough adoptable infants to go around? In this city, this year, there

are eleven qualified couples waiting for each adoptable baby. Those who can have their own don't realize how much easier it is!" "Why I had no idea it was like that," said Mrs. Gunder disappointedly. Then, brightening, she whispered, "Are you ever going to tell him he's a-d-o-p-t-e-d?"

"Why, we've told him that since the day we got him," replied Mrs. Stuart. "Joe, who's our best little adopted boy?"

"Me," answered Joe with a wide grin.

"Oh, I know he doesn't know the meaning of the word now but by the time he does he'll be used to it and then we'll tell him how we wanted him so much that we chose him out of all others."

Mrs. Gunder was leaving and had gone as far as the front porch steps when she thought of one more possibility for drama in the situation. "How long will it be before you can tell if his blood is tainted?" she asked. Mrs. Stuart's puzzled expression made her explain, "You know, bad blood in case any of his ancestors were criminals?"

Mrs. Stuart wavered for a moment between humor and exasperation. Humor won, and she answered, "Science had made great strides in the last few years, you know. We had a sample of Joe's blood tested in a big, shiny laboratory and now we know we don't have to worry. The report told us that his blood is as pure as the driven snow. Goodbye Mrs. Grundy — I mean Mrs. Gunder." And Joe and his mother went in and shut the door.

Joe's year from two to three was fun to watch because of his rapidly expanding vocabulary and because of his attempts to imitate the adults in his life. He acted out the delivering of milk, the selling of newspapers and the departing for work with hat and brief case. His motor development showed most in his improved body balance which made it possible for him to be pushed a little without falling. He had learned to play with other children so that he would often help to make a snow man, build a fort, or pull a wagon. At his third birthday he weighed 34 pounds and was 23½ inches tall. His toilet training was complete now except for some occasions when he was away from home. He was still friendly and happy but not quite so docile as he had been. For a while he had an almost automatic habit of saying "no" to everything, even before he knew what the request was going to be. This negative attitude was just as noticeable in Cora Smith.

Joe's and Cora's fourth birthday party was the first one they really enjoyed because they were old enough to anticipate events to some extent, and also they could enter into group games with several children. Joe weighed 37½ pounds and was 26 inches tall, which was normal for his age. His play showed more imagination now. He often insisted that he was not Joe but Dick Tracy on the trail of bandits.

By the time Joe's fifth birthday came his parents were considering buying more books so that they could look up suitable answers to his many questions. "Why" and "how" prefaced most of the things he said. Some of the questions like "how far away is the moon" and "why is ice cold" sent his parents scurrying for references. The answers to these things had to be simple and brief, though, or his attention would wander. Sometimes he interrupted an overlong explanation of something with another question. Joe's height was now 2½ inches more than the year before, and his weight was 42 pounds. His eagerness to learn things and his ability to play well with other children brought him to the right stage of development for kindergarten.

Before Joe started school at age six, he had cut two more molars behind those he had cut at age two. This did not cause the distress that his first teeth had, though he did salivate a bit more than usual. He had lost three of his deciduous teeth in front. He rather liked this process of losing teeth because each one turned into a dime when put under his pillow and, besides that, adults seemed to think his smile was more dazzling. His weight on entering school was a husky 48 pounds and he was 32 inches tall. He had, by this time, absorbed a simple sex education, as his mother was wise enough to answer his questions simply

and matter-of-factly as he asked them. At this age he often avoided his friend, Cora Smith, as he was beginning to believe that there was some sort of stigma attached to boys playing with girls. He had a few brief, transient compulsions at this time, some apparently copied from the other children at school, and some of unknown origin. Examples of these were the avoiding of all cracks in a sidewalk, scratching his ribs like a monkey, and automatically saying "what?" so that questions had to be repeated.

At age seven, even Joe's mother admitted that he was no longer a cute baby. He had grown three inches during the last year but had gained only four pounds. His baby "tummy" had disappeared and he had a long and stringy look. Two enormous teeth in his upper gums and one and a half teeth in his lower gums made his remaining baby teeth look even smaller. He regarded his teachers at school as more lofty authorities than his parents, on all things scholastic, anyway. He refused to wear any sort of clothes that were not the same as those being worn by every other boy at school.

At age eight Joe looked better to his parents. He had enough of his permanent teeth to make a more even smile now and his face had grown enough to fit them a little better. He was not so intense about school and had even decided that his parents probably had education enough to help him with his homework. He had gained another four pounds and had grown another two and a half inches.

Joe's ninth, tenth and eleventh birthdays saw no great change in him except for the normal increase in height and weight. Of course his mind developed in pace with his body so that at eleven he was in the sixth grade, was 58 inches tall and weighed 75 pounds. His neighbor Cora, was 2 inches shorter and six pounds lighter but she, too, was within the range of normal. Cora began her pre-pubertal development at this age but Joe did not begin this process until two years later.

During the years between eleven and thirteen it looked as if Cora and Joe could not possibly have been babies born on the same day and year. She grew at the rate of 3 inches a year until she towered over Joe. She gained a total of thirty pounds without becoming at all overweight. By the time she was thirteen, even her parents were admitting that she would soon be a young lady. She imitated older girls so that she seemed even older than she was. She repaid Joe's years of neglect by scornfully referring to him as "the little boy next door."

By the time he was thirteen Joe's puberty development was most noticeably manifested by the fact that his rate of growth stepped up very sharply. When he was fifteen he was 68 inches tall, a good four inches more than Cora Smith. Cora, at fifteen, had attained all but ½ inch of the height she was to have as an adult, but Joe continued to grow until he was nearly eighteen. The growth after fifteen was slower, totaling only two inches.

At age fifteen Joe and Cora wondered whether they were adults or children. Most people considered them children, of course. They were still dependent upon their parents in many ways and they still had years of education ahead, but mixed with the acceptance of these facts was a restlessness and a desire to manage their own lives. Joe was bigger than his father and Cora was bigger than her mother. Each weighed less than the parent of like sex, however, as their development was not so complete as they thought. Cora and Joe became friends again at this age. They cheered each other in sports activities, associated with the same group of young people and attended the same school affairs. They never quite regained the unself-conscious relationship they had enjoyed as small children, but they didn't mind this. Once they had been small and their world had been small. Now they had grown larger physically and mentally and their world had grown larger still. Their physical development was largely, but not entirely complete. Their personal, social and adaptive development would go on all their lives. They had little idea where their growth and development would lead them or what factors would influence it, but at age 15 they were eager to get on with it.

Nursing Profiles

During this past year, **Dorothy Lyons (Kaufman) McPhail** assumed her duties as director of the Division of Public Health Nursing with the Alberta Department of Public Health.

Born in Alberta, Mrs. McPhail received her professional training at the Hospital for Sick Children, Toronto. Securing her diploma in public health nursing and a certificate in advanced study in practical obstetrics occupied her time following graduation. She began her professional career as a district nurse with the department she now serves. Later she travelled much farther afield, spending several months with the United States Army as a civilian charge nurse in Nanking, China. Back in Canada again, Mrs. McPhail rejoined the Alberta Department of Public Health, acting at various times as assistant director of public health nursing and assistant director of health units. Interested in professional affairs, she has found time to carry out the duties of program convener with her provincial association and to serve on the entertainment committee of the Alberta Public Health Association.

Best's Studio

DOROTHY MCPHAIL

Cynthia Cavell has been appointed to the teaching staff of the University of Toronto School of Nursing where she will assist with the teaching of nursing in the basic course. A graduate in arts of the University of Toronto, she studied at the Yale University School of Nursing receiving her master's degree in nursing in 1952. After completing her professional preparation, Miss Cavell joined the nursing staff of the Yale Psychiatric Institute for a year of practical experience. A desire to study methods elsewhere lead her to Middlesex Hospital, London and later to the American Hospital of Paris before accepting her present position.

Lucille Coté, as director of nursing, Queen Mary Veteran's Hospital, Montreal, brings a rich background of experience to her new position. A graduate of l'Ecole des Infirmières de l'Hopital de la Providence, Montreal, Miss Coté obtained her diploma in public health nursing from the University of Montreal and a master's degree in arts

LUCILLE COTÉ

from Columbia University. Her practical experience has been varied and enriching. As visiting nurse with the Metropolitan Life Insurance Company, she spent several years in charge of the Thetford Mines district. This was followed by administrative experience as director of the Orientation Centre of Montreal. As assistant director of the School for Public Health Nurses, University of Montreal, she shared her knowledge of public health requirements and problems. Now her professional talents are being directed towards the field of institutional nursing.

In Memoriam

Agnes Arner, a graduate of Grace Hospital, Windsor, Ont., died at Leamington, Ont., in September, 1955, following a year's illness. For ten years Miss Arner was industrial nurse for Canadian Automotive Trim at Windsor.

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Mabel Darville, who graduated from Royal Victoria Hospital, Montreal, in 1919, died at Vancouver on November 13, 1955, following a lengthy illness. After many years as a head nurse at R.V.H., Miss Darville was in charge of the student health service prior to her retirement.

* * *

Effie M. Feeny, who graduated from Toronto General Hospital in 1907, died at Dearborn, Mich., on September 27, 1955. Mrs. Feeny was appointed as the first school nurse in Prince Albert, Sask., in 1913. She joined the staff of the School Hygiene Branch of the Saskatchewan Department of Education in 1918, transferring with that Branch to the Department of Public Health in 1928. She retired from her work as a public health nurse in Regina in 1935.

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Mary Graham Gunne, a graduate of the General Hospital, Dauphin, Man., died at Winnipeg on October 19, 1955. Miss Gunne was one of Winnipeg's first school nurses. She had also served as matron at Dauphin.

* * *

Annie Louise (Brown) Hill, who graduated from Winnipeg General Hospital in 1901, died at Winnipeg on September 24, 1955, at the age of 79.

* * *

Ann Elizabeth Hutchison, who graduated from the General Hospital, St. Catharines, Ont., in 1892, died at Orillia, Ont., on October 17, 1955. Miss Hutchison was superintendent of nurses at the St. Catharines hospital 1893-96. During her active career in nursing she also engaged in private duty and public health nursing service. Throughout her years of retirement she maintained an active interest in her Alma Mater and its graduates.

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Florence MacCuaig, who graduated from the General Hospital, Cornwall, Ont., in 1922, died at Toronto on October 1, 1955.

* * *

Rita MacNeil, who graduated from the General Hospital, Brockville, Ont., in 1936, died at Cornwall, Ont., on October 5, 1955, in her 42nd year. Miss MacNeil had practised her profession in Cornwall and district prior to her illness in 1954.

* * *

Mary C. (Hyde) McCallum, who graduated from Toronto General Hospital in 1900, died at Toronto on October 5, 1955, at the age of 83. Mrs. McCallum's first assignment following graduation was to care for victims of a typhoid epidemic at Copper Cliff, Ont. In 1907 she became matron of the hospital at Dauphin, Man. leaving that position to be married.

* * *

Elizabeth (Jones) Miserva, a Canadian graduate of an American Hospital who served on the staff of Royal Alexandra Hospital, Edmonton, and at Cold Lake, Alta., died at Stettler, Alta., in October 1955, after a lengthy illness.

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Sister Fabian, formerly superintendent of St. Joseph's Hospital, London, Ont., died there on October 8, 1955, at the age of 63.

* * *

Andrée Voisard, who graduated from Royal Victoria Hospital, Montreal, in 1955, was instantly killed by the accidental discharge of a gun on October 24, 1955. She was 22 years old.

* * *

Margaret M. (Aikman) Wigginton, who graduated from the Winnipeg General Hospital in 1929, died on August 12, 1955, following an illness of many months. At one time, Mrs Wigginton was on the staff of the Winnipeg Municipal Hospitals.

NURSING EDUCATION

Nursing Programs at the University of Saskatchewan

LUCY D. WILLIS, M.A.

THE OPENING of the University Hospital on the campus of Saskatchewan has made possible both enlargement and diversification of the School of Nursing programs.

The basic degree program follows a pattern of two academic years, two calendar years, one academic year — in all 45 months of study spread out over four and one-half years. This basic pattern remains the same but within the framework there have been major changes. The full clinical program with the exception of tuberculosis and rural experience is now available on the campus. University faculty members direct, supervise and participate in the clinical program. It has also been possible to include a nursing science class with laboratory periods on the hospital wards during the second university year. Thus students have a gradual introduction to the clinical field and are able to make earlier applications of some of their basic science courses.

A three-year diploma program, also under the direction and supervision of the University School of Nursing, has been launched. In late August, 1954, 80 students entered this school and 75, or 95 per cent of the original group, have completed their first year. Students selected by School of Nursing faculty are admitted once a year only. They spend the first 16 weeks of their course along with students from other Saskatchewan schools in the Centralized Lecture Program. During the next 16 weeks their time is divided between classroom lectures and demonstrations and practice in the classrooms and wards. Nursing fundamentals are taught gradually throughout this period. Considerable use is made of patient-centred situations and whenever possible these are taken directly from the students' current experiences. Other classes commonly taught in the junior period are given, such as diet therapy, pathology, pharmacology, junior medicine and surgery. Clinical practice is limited to the general medical and surgical wards. A new course, "Health as a Community Problem" has been introduced. This includes a survey of public health and social service resources, an introduction to major health problems and concludes with communicable diseases. Use is made of films, tours, projects and group work.

Basic degree course students who have already completed pathology, pharmacology, and some of the nursing fundamentals course follow a somewhat similar pattern to the above during the first 12 weeks of their program.

During the remainder of the clinical program for both groups of students the theory and clinical experience are concurrent. This is made possible by the cooperation and interest of the professors and lecturers in the clinical areas and by blocked rotations. This

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Len Hilliard

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means that a group of students go together to a clinical service and while there have lectures and experience concurrently. All rotations and hours for students are planned by the teaching staff in cooperation with the nursing supervisors. The student follows through the usual basic experiences of medicine, surgery, obstetrics, pediatrics, operating room. Every student spends 12 weeks in psychiatry, and plans are under way for each to have six weeks of tuberculosis affiliation. Three weeks are spent in diet therapy. Here students are assigned specific experiences by the teaching dietitian. They spend one-half of their time on each of the medical and surgical services where, under the supervision of a dietitian, they learn to select and supervise the diets of patients.

In our proposed third year we are looking toward helping solve some of the problems of nursing in Saskatchewan. Our province has 121 hospitals with 50 beds or less. Many of our young graduates go out into these institutions. We hope to help them do a *better* job. Larger city hospitals and small hospitals alike are employing nursing assistants and trained-on-the-job nursing personnel. We hope our graduates will be prepared in some measure to work with and guide such workers safely. We refer to our third year experiences as maturing ones. As we have no third year students to date we can only speak of plans. Students will return to the operating room for four weeks for further scrubbing experience and to learn the intricacies of setting up for various operations, cost and care of equipment and instruments, preparation and sterilization of packs. Some of this time will be spent in central supply service. A return of four weeks to obstetrics will concentrate on responsibility in the nursery, greater responsibility in supervision of labor, preparation for delivery, setting up the delivery room, and additional experience in teaching the mother in the care of herself and the infant. A week in the dietary department will be spent in learning about large scale ordering, supervision of the preparation of food in large quantities and menu-planning

University Hospital Caps.

Fore *Aft*

for regular diets. Concurrent with or prior to these experiences the student will have basic lectures on principles of administration and supervision. With supervision, she will have an opportunity to be a team leader and will have a senior night or evening term and senior experience in medicine and surgery. Arrangements are being made for a four-week period in selected rural hospitals for experience in giving nursing care and learning something of the administrative relationships and responsibilities of the nurse.

These "maturing experiences" will be incorporated in the basic degree program during the latter months of the clinical program and in a thorough and more extensive way in the final academic year. It is interesting and encouraging to note that the degree program has continued with markedly increased enrollment even after the opening of the shorter basic diploma program.

The diploma program in teaching and supervision for graduate nurses has benefited from the opening of the hospital also. To a small extent last year, and it is hoped in larger measure this year, we have had a convenient field for observation and for practice teaching during the university term.

In the Good Old Days

(*The Canadian Nurse* — JANUARY, 1916)

For the first time in history, an army in the field is being protected against the onset of an infectious disease by inoculations. Among 20,000 of the Canadian forces there was not one case of serious trouble from the typhoid fever inoculations nor did any of the men take the disease.

* * *

One of the large problems is the integration of the foreigners who have come to our country into the Canadian way of life. This is especially true in Western Canada where the women are married when very young — 13 very often — and few live to be 30. In one district when the nurse urged that a doctor be called for a desperately sick woman, the husband said: "No, it's too much money. I can get another wife for $5.00."

* * *

The Alumnae Association of the Hospital for Sick Children has remembered its members who are serving overseas by sending a box of apples to each.

* * *

The school nurses of Toronto have established a fund, on a per-cent-of-salary basis, to assist in caring for specially urgent cases of need that they find.

La réputation d'un homme est comme son ombre, qui tantôt le suit, et tantôt le précède: quelquefois elle est plus longue et quelquefois plus courte que lui.

NURSING SERVICE

Tuberculosis Prevention in the Far North

JOSEPHINE WALZ

I AM NOW WELL ALONG in my seventh year in northern Saskatchewan. The first four years were spent in a generalized public health program. Then, in March 1953, I was asked to initiate a tuberculosis prevention program throughout this enormous area that covers the top half of this large province.

The question that was uppermost in all our minds as the prevention program was launched was "Will there be a response?" The future course of my work hinged on the answer. It is most gratifying to report that the response has been magnificent. The people have been wonderful! Many have returned to my clinics for the second and third time. Just as soon as they learned that the object of the program was to prevent the spread of tuberculosis, they were all for it. They knew, from bitter loss, the toll that tuberculosis takes — many times wiping out whole families.

There are many difficulties to be overcome in organizing successful clinics in isolated areas where there is infrequent or no mail service. The B.C.G. vaccine, which comes all the way from Montreal, has a value-span of only five days by the time it reaches me. Since tuberculin tests must be made and read before B.C.G. is given, careful planning is necessary to reach as large a proportion of the negative reactors as possible. There has been splendid cooperation so the survey work has not been nearly as difficult as I had thought it would be.

I fly into the larger settlements that have mail service. I make this place my headquarters for quite a large surrounding area. Then I notify the settlers over "Northern News," when I will arrive in their locality. "Northern News" is a daily radio program for the people of the north, by which we send messages and news. To these smaller settlements I travel by canoe, speed-boat, bombardière, dog-sled or walk, always with an Indian guide. At times we are accompanied by the Conservation Officer or R.C.M.P., but more often I travel alone with the guide. I never know just where I will eat or sleep, but northern hospitality has never left me standing on the dock for long. I always carry a bed-roll, in which I sleep most of the time, just occasionally in a bed. Only once did I

JOSEPHINE WALZ

Miss Walz is employed by the Saskatchewan Anti-Tuberculosis League to carry on this very effective program that she describes.

spend the night in the canoe out on the river. I took off my boots, opened up my bed-roll and stretched out under the bars, with the beaver swimming about rocking me to sleep. The guide slept on the bank — or spent the night, I should say — as he almost froze for it was October. At six in the morning we were on our way again.

Another time in May 1953, at Ile-à-La-Crosse the mail plane arrived with my B.C.G. on it. At 12:30 noon I started out for Beauval. Since it was the break-up period we had to travel with dogs, skiff and canoe. The trip was started with a dog-team, but before I could sit in the dog-sled, I had to slide down a rope off the dock to get over the open water onto solid ice. What I didn't know was that 50 three-week-old turkeys and 104 three-week-old chicks were travelling with me. They had also arrived on the mail plane from the Prince Albert hatcheries, for the R.C. mission at Beauval. But how were they to get to Beauval at this time of the year? My trip was the solution. When the ice was becoming soft, and the dogs started to fall through it, we transferred to a skiff. We travelled by skiff until we reached the Beaver River. There we transferred to speed-boat as the river was open, arriving in Beauval at five in the afternoon, chickens and turkeys very much alive, but thirsty I am certain.

In January, 1954, I travelled by train to The Pas, Manitoba. It was extremely cold, and although the train was four hours late, our faithful bombardière driver waited. After completing arrangements for my B.C.G. pick-up, we started across the lakes for Cumberland House. This was a 45-mile trip. It almost seemed like coming home, as I had lived there for three years doing public health nursing. I spent more than a month in that area, conducting clinics in four other settlements, travelling 350 miles by bombardière across lakes and portages. The weather remained 40-50° below zero the whole time. One day the tuberculin froze solid in my brief case, while I was walking from hut to hut vaccinating the aged and the blind. I also had to walk to the settlement of Pemican Portage, a distance of three miles, when it was 50° below. No transportation was available that day — not even dogs. To keep the B.C.G. from freezing, I put it in my ski pants pockets. By wiping my face frequently to remove the frost, I didn't even freeze my nose.

In February, 1954, I arrived in Lac La Ronge by bus. This was my headquarters for the area of Little Hills, Egg Lake, Potato River and Sucker River. Here I travelled by bombardière, and by plane where there were no bombardière trails to the settlements. One day the public health nurse of Lac La Ronge and I flew to Little Hills, a distance of 15 miles, and then walked back. There were huts all along the trail and this was the only way of conducting a clinic for this area. We did not have to be rocked to sleep that night, as we had been walking on a narrow toboggan trail all the way! Even this was soft in places, for quite frequently we passed open water on the lake.

By March I was on my way back to Prince Albert by bus. Along the way the bus driver was kind enough to wait on the roadside, while I ran to a hut in the woods to see a sick baby, for the public health nurse. The baby appeared very ill, so right there and then I decided to take it with me. By six that evening it had been admitted to hospital in Prince Albert.

Still another time in May, 1954, I flew into Fond-Du-Lac from Uranium City on a chartered Cessna, still on skis, with the break-up imminent. I hoped that five days later the plane would still be able to land. Otherwise I would have had to remain for six weeks with only a tooth-brush and the clothes I wore. I travelled as light as I could, for even now we had to land quite a distance out on the lake, then walk into the settlement through slush of water, snow and caribou hair up to our knees. The young pilot was helping me by carrying my bed-roll and brief case, my only baggage, while I had to take only myself. Even then I became winded and wanted to pause a moment to sit on the snow, but the pilot would not allow this in case the ice gave away. The bush pilot takes all responsibility until we are safe on land. The water all but ran into my

sheepskin-lined boots, and I arrived in the settlement with a ring of caribou hair on my ski pants about my knees. The natives had dumped all these hairs on the snow on the lake as they tanned the hides that winter. I managed to leave five days later on a ski equipped aircraft after a successful clinic.

In August, 1954, I went from Ile-a-La-Crosse to Canoe Lake by speedboat. I put my bed-roll in a log cabin then ran down to the dock each morning in the rain to wash my face and brush my teeth. There I also did my laundry. My meals I had with a native family. Five days later I returned by canoe. In March 1955, I flew into South End, a settlement on Reindeer lake. Next morning it was 46° below — br-r-r! There they only have outdoor plumbing. I offer this tip to newcomers on their first experience of this type of nursing — wear your pyjamas as underwear. It not only lessens your baggage, but it's a most convenient way to get into your bedroll, when there is little or no privacy. It is also easier to get dressed when it is 50 below.

The only time that I am not in the north is during the freeze-up period. Although this is a very rugged life, I have enjoyed every moment of it, especially because the northerners have shown such interest, appreciation and cooperation. Were it not for this, plus the wonderful plane and radio service, it would be impossible to carry on a program of this kind. I have seen about 7,000 of the 12,000 folk I have to contact. Some of them I have seen two or three times. So great is their interest, if they suspect a member of the settlement of having tuberculosis, they bring him to me to take out to the sanatorium.

The Breath of Pain

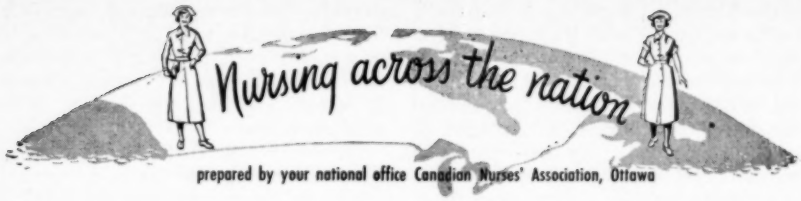
In the development of improved drugs for relieving pain, the great problem is not the devising of promising new agents, for chemists these days have no end of ingenuity. The problem is finding out whether the drugs really relieve pain. For pain is an experience as well as a sensation; people differ in the way they react to pain, probably more than in the degree to which they sense it. The effectiveness of pain-relieving drugs cannot be based on measures of tranquillity, for there are drugs that make patients tranquil without relieving pain. Nor can one rely entirely on studies with laboratory devices like the dolorimeter, which inflicts graded heat burns on experimental subjects; the pain of dolorimeter burns is not the same as natural pain.

A resourceful English anesthesiologist, Dr. P. R. Bromage, has found a way out of the dilemma for one kind of natural pain at least — the severe pain occurring after operations on the chest or upper abdomen. Upper abdominal pain notoriously restricts breathing, often to the point where the patient turns blue though lying as still as he can. Dr. Bromage tests pain-relieving agents by measuring their ability to restore the patient's breathing capacity. He measures the patient's vital capacity — the volume of air he can expel after taking a deep breath — before operation to provide a base line. The vital capacity is measured after operation but before administration of an analgesic, and then again after the pain-relieving agent has an opportunity to take hold.

Dr. Bromage employed the method to test demerol, methadon, xylocaine and a nerve-blocking procedure in 20 patients. The purpose was more to test the method than to test the drugs themselves. His results are nevertheless of interest.

The nerve-blocking procedure — epidural block — was much the most effective; it restored an average of 86 per cent of the breathing capacity lost through pain. Methadon restored 35.4 per cent of lost vital capacity, and xylocaine, administered intravenously, 22.8 per cent. Demerol was least effective; it restored only 13.5 per cent of pain-lost vital capacity.

The method has limitations. It is possible that upper abdominal pain can no more be equated to other kinds of pain than can the pain of dolorimeter burns. There are, for example, situations where demerol and xylocaine have advantages over methadon, though this test shows methadon to be a most potent analgesic drug. However, Dr. Bromage's procedure comes close to achieving true objectivity in measuring pain relief. For observation indicates that even tranquillized patients will not breathe deeply if it hurts. Patients will breathe deeply only when it really doesn't hurt.



To Serve

In the field of nursing, books may be written, research projects developed, outstanding contributions recognized, but behind it all lies the word "service." The events chronicled in books recount the activities, both amusing and moving, in nursing service. Study and research in the field of nursing aim at the improvement of the service rendered to mankind. But the recognition of outstanding contributions to the improvement of the general welfare of others brings to mind the devotedness and unselfishness of the nurse in the cause of humanity, be it in the large modern hospital or on the frontiers of our far flung country.

Katherine Brandon is Remembered

We read with pride in the press clippings of an impressive ceremony which took place, late in October, at the Indian reservation at Morley, Alberta, near the foot of the Rocky Mountains.

Indian school children, proud chiefs and government officials paid tribute to a Canadian nurse. Honoring Katherine Brandon, former supervisor of nurses for the Department of Indian Health Services, a cairn, built by the Indians at their personal expense, was unveiled in remembrance of her dedicated service.

Miss Brandon, whose death from polio occurred two years ago, had rendered untiring service to the Indian population which won her the love and respect of more than 700 persons living in the foothills settlement. Heartfelt tribute was expressed in the words of Chief Walking Buffalo "Our hearts are pouring out with remembrance of her."

Helen McArthur Returns

In Korea as coordinator with the International Red Cross since July, 1954, Miss McArthur returned to Canada last month. Miss McArthur is immediate past president of the C.N.A.

Projects in the Atlantic Provinces

Miss Pauline Laracy, executive secretary of the Association of Registered Nurses of Newfoundland, has been sending us some interesting information about changes in two of their schools of nursing. In the fall of 1955 extensive curriculum changes were made so that the traditional three year program could be revised to allow a one year internship after a concentrated two year educational program. It was felt that such a program would have greater educational value, would be more attractive to prospective students of nursing, would help to stabilize nursing staff and, above all, would improve patient care. In setting

up the new curriculum the content was selected on the basis of its importance in helping the student to meet the needs of the people she is to serve and to adjust to the changing demands of the practice of nursing.

From New Brunswick comes word that Miss E. Kathleen Russell is well into her project of evaluating nursing education in that province. From this evaluation will come recommendations regarding future policy. In this, the second month of a full year project, it is too early to have any indication of what the results may be. However, all nursing education waits with anticipation the publication of reports. Besides the influence the project may have on nursing in general, it is of interest to us in that it is the first piece of research in nursing education financed by a Dominion-Provincial health grant.

Lamp of the Wilderness

In a recent issue of *News of Red Cross* we find that there is a new book written by yet another Canadian nurse. The book was written under the pen name of June Spencer but the author is Mrs. J. Osinger R.N. A graduate of Toronto East General Hospital, the author is now on the staff at King's Daughters' Hospital, Duncan, B.C. "Lamp of Wilderness" describes the varied experiences of two years' nursing service at a Canadian Red Cross Outpost Hospital in an isolated district of the Cariboo.

Nursing Educators Meet

The second course on the "Integration of Civil Defence Nursing into the Basic Curriculum" was held in October at the Civil Defence College, Arnprior. Sixty-four nurses from across Canada, active in nursing education, attended. Following a week of lectures and demonstrations, the last day was set aside for the nurses to discuss problems relating to the topic. A panel of four nurses first discussed the additional responsibilities and functions that would fall to nurses in a mass disaster, the special attitudes, skills and knowledge which the nurse must acquire and the implication of these in planning the basic curriculum. Small group discussions followed the panel discussion.

It was recognized that the principles underlying good nursing care would be the same in disaster or emergency nursing. It is important that all nurses know and understand the basic principles and be able to apply these and adjust their practice to meet varying situations. It seemed generally accepted that civil defence nursing could be integrated throughout the curriculum. Some examples discussed were:

> The care of psychiatric casualties occurring in mass disaster. This can be integrated by helping the student recognize stress situations of varying degrees present in each individual patient and by giving students guidance in interpersonal relations throughout their basic course.
>
> The care of patients with radiation sickness can start early in the student's science course. An understanding of radioactive materials can be given and continued in the nursing care of patients having radiation therapy with emphasis on the effects of radiation in atomic warfare.
>
> Principles of decontamination are the same as those underlying the nursing care of patients with communicable diseases and the special techniques used in Civil Defence may be taught at the same time.

The heavy responsibilities and additional functions which a nurse would have to assume in a mass disaster such as atomic warfare were brought out frequently in the lectures and discussions during the week. It is important that we emphasize the necessity of helping the student develop into a mature, professional person who will react well in emergency situations. Special effort should be made to provide learning experiences and to utilize teaching methods which will help the student develop skill in human relationships, in leadership, in teaching and in acquiring the ability to evaluate a situation, to use good judgment, and to act in a purposeful manner.

Nurses should be aware of and be active in the total planning for civil defence, particularly in hospital disaster planning. The need for finding ways of improving our communica-

tions in all nursing relationships was also stressed. The nursing service administrator's responsibility in emergency disaster planning was clarified. She must know the total plan of civil defence on the national, provincial and local levels; be prepared to fit into the overall plan; and stimulate an interest in hospital disaster institutes.

The duties and responsibilities of nursing service personnel should be clearly defined and a continuous education and planning program maintained.

T.V. Comes to Annual Meeting

October 19-20, 1955, marked the 39th annual meeting of the New Brunswick Association of Registered Nurses. The sessions were held at Hôtel Dieu de L'Assomption Hospital in Moncton. In an impressive ceremony Miss Alma Law, for many years secretary-registrar of the N.B.A.R.N., was given the first honorary life membership. The citation was read by Miss Marion Myers, director of nursing, Tuberculosis Hospital, East Saint John, and the presentation was made by the president, Miss Grace Stevens.

The ceremony was televised and later viewed with great interest by all New Brunswickers. Is this unique in the annals of provincial annual meetings? It seemed to us that it was. Congratulations to New Brunswick in this successful effort.

Le Nursing à travers le pays

Servir

Le nursing, dans tout son ensemble, repose sur ce terme. On peut, dans ce domaine, écrire des volumes, exécuter des programmes de recherches, apporter la contribution de tout son talent; servir, reste toujours le principe fondamental de toute cette activité. Des faits, parfois amusants, parfois touchants, de la profession d'infirmières, sont relatés dans les livres et revues. L'étude et la recherche ont pour objet l'amélioration des services rendus à l'humanité mais une conception nette de tout ce qui peut être accompli pour améliorer le bien-être général, le sort de l'humanité, voilà ce qui inspire au coeur de l'infirmière le dévouement et l'oubli de soi pour soulager et pour consoler les autres que cela se passe dans un grand hôpital moderne ou sur les frontières les plus reculées de notre pays.

Commémoration du souvenir de Katherine Brandon

Nous avons lu avec fierté dans les journaux un compte rendu de la cérémonie impressionnante qui a eu lieu, à la fin d'octobre, à la Réserve Indienne de Morley, en Alberta, au pied des Montagnes Rocheuses.

Les enfants indiens des écoles, les chefs altiers de même que les dignitaires du Gouvernement ont rendu hommage à une infirmière canadienne en honorant la mémoire de Katherine Brandon, ancienne directrice des infirmières au Service de Santé des Indiens, par le dévoilement d'un tumulus de pierre édifié par les Indiens à leurs propres frais, en souvenir de ses services dévoués.

Mlle Brandon, morte de la polio il y a deux ans, a rendu à la population indienne d'inappréciables services qui lui ont valu l'amour et le respect de plus de 700 personnes vivant dans ce vallon. Le Chef Indien a exprimé du fond de son coeur les sentiments de la bourgade, dans ces mots: "Nos coeurs débordent de son souvenir."

Projets des Provinces de l'Atlantique

Mlle Pauline Laracy, secrétaire-registraire de l'Association des Infirmières enregistrées de Terre-Neuve nous a communiqué des renseignements intéressants au sujet de changements apportés dans deux de leurs écoles d'infirmières. A l'automne 1955, le programme d'études fut considérablement modifié, de façon à permettre que le cours comprenne désormais deux années d'études intensives suivies d'une année d'internat. L'on a cru qu'un tel programme aurait une plus grande valeur éducative et serait plus attrayant aux futures étudiantes en nursing puis, qu'il aiderait à stabiliser le personnel infirmier et contribuera, par-dessus tout, à

l'amélioration du soin des malades. L'élaboration du nouveau programme a été basée sur l'importance de préparer l'étudiante à répondre aux besoins de la population qu'elle est appelée à servir puis à s'adapter aux exigences changeantes de l'exercice de la profession d'infirmière.

Du Nouveau-Brunswick nous arrive la nouvelle que Mlle E. Kathleen Russell a mis a exécution son projet d'évaluation de l'enseignement du nursing dans cette province. De cette analyse émergeront des recommandations au sujet de la politique future. Il va sans dire qu'au deuxième mois d'exécution d'un projet d'une année, il est encore trop tôt pour tirer des conclusions; on attend cependant avec impatience la publication des premiers rapports. A part l'influence que ce projet peut exercer sur le nursing en général, il est intéressant de noter que se sont là les premiers travaux de recherche sur l'éducation en nursing, financés au moyen d'un octroi fédéral-provincial.

Lamp of the Wilderness

C'est le titre d'un ouvrage récemment publié par une autre infirmière canadienne, sous le nom de plume "June Spencer" mais dont le nom véritable est Mme J. Osinger, R.N., diplômée de Toronto East General Hospital. Cet ouvrage décrit les expériences variées d'un service de deux années dans un hôpital d'avant-poste de la Croix-Rouge, dans un district isolé de Caribou.

Les éducatrices en nursing se réunissent

Le second cours sur "l'intégration du nursing de la Défense civile dans le cours de base" eut lieu au Collège de la Défense Civile à Arnprior, auquel assistèrent 64 infirmières engagées dans l'enseignement du nursing et venues de toutes les parties du Canada. Après une semaine de conférences et de démonstrations, l'on consacra une journée à la discussion de problèmes se rapportant à ce sujet. Un groupe de quatre infirmières traita premièrement des responsabilités et les fonctions supplémentaires qui incomberaient à l'infirmière dans le cas d'un désastre massif, les différentes manières d'agir, les connaissances pratiques à acquérir et leur introduction dans le programme de base. Des discussions de groupes suivirent la discussion générale.

On conclut que les principes fondamentaux d'un bon service de nursing devaient être aussi appliqués en cas de désastre ou d'urgence. Il est donc important que toutes les infirmières connaissent et comprennent les principes de base du nursing et puissent, au besoin, les appliquer et les adapter aux différentes situations. On fut généralement d'avis que l'enseignement des soins en cas de défense civile pourrait être intégré au programme d'études. Les quelques exemples suivants furent présentés:

Le soin de cas de psychiatrie pouvant survenir au cours d'un désastre massif. Cet enseignement peut être intégré en aidant l'étudiante à reconnaitre, en différentes situations, le degré de tension nerveuse de chaque individu et en la guidant, dans le domaine des relations humaines, pendant toute durée de son cours d'infirmière.

Le soin des maladies causées par radiations peut être enseigné dès le début du cours de sciences en inculquant à l'étudiante la connaissance des matières radio-actives; cet enseignement pourra ensuite être continué lors du soin de malades devant être soumis à la radio-thérapie, insistant sur les effets de la radiation dans la guerre atomique.

Les principes de la décontamination sont les mêmes que ceux que l'on applique au soin des contagieux et les techniques particulières employées dans la défense civile peuvent être enseignées en même temps.

Les lourdes responsabilités et les tâches supplémentaires qu'une infirmière est forcé d'assumer, en temps de désastre, comme pourrait par exemple en causer une guerre atomique, furent représentées à maintes reprises dans les conférences et les discussions qui eurent lieu au cours de la semaine. Il est important d'appuyer sur la nécessité d'aider l'étudiante à devenir une personne professionnelle sérieuse qui saura agir correctement en face d'une situation urgente. On s'efforcera de lui faire acquérir des connaissances pratiques utiles, d'employer des méthodes d'enseignement qui aideront à développer chez l'étudiante l'habileté et la dextérité requises dans les relations humaines, dans la façon de conduire, d'enseigner et dans la manière d'analyser une situation, agir avec discernement et de façon pratique, en toute circonstance.

Les infirmières devraient être au courant de l'organisation de la défense civile et y participer activement, particulièrement en ce qui concerne le programme hospitalier. L'on souligna aussi la nécessité qui s'impose de trouver les moyens d'améliorer nos communications dans toutes les relations du

nursing. Les responsabilités de la direction du service de nursing en cas de désastre furent précisées. Elle doit être au courant du programme de la défense civile à l'échelon national, provincial et local; être prête à occuper la place qui l'attend dans le plan général; elle doit de plus favoriser la tenue de conférences à ce sujet, à l'hôpital.

Les devoirs et les responsabilités du personnel infirmier devront être clairement définis et un programme d'enseignement et d'organisation maintenu.

La Télévision à l'Assemblée annuelle

Les 19 et 20 octobre 1955 ont marqué la 39ième assemblée annuelle de l'Association des Infirmières enregistrées du Nouveau-Brunswick, dont les séances eurent lieu à l'Hôtel-Dieu de l'Assomption, à Moncton. Au cours d'une cérémonie imposante, le titre de membre honoraire fut accordé à Mlle Alma Law, secrétaire-registraire de l'Association des Infirmières enregistrées du Nouveau-Brunswick depuis plusieurs années; c'était la première fois qu'un tel titre était conféré. La citation fut lue par Mlle Marion Myers, directrice des infirmière de l'Hôpital des Tuberculeux, Saint-Jean, et la présentation fut faite par Mlle Grace Stevens, présidente.

La cérémonie fut télévisée et suivie, par la suite, avec intérêt par tout la population du Nouveau-Brunswick. Est-ce là un fait unique dans les annales des réunions provinciales annuelles? Nous le croyons. Félicitations au Nouveau-Brunswick pour cette innovation.

Annual Meeting in Prince Edward Island

THE 34TH ANNUAL MEETING of the Association of Nurses of Prince Edward Island was held in September, 1955, in Charlottetown. Sister Mary Irene, C.S.M., president, was in the chair. There was an attendance of 76 nurses.

The morning session was devoted to reception of reports from the chairmen of the various committees. Films on the beauties of the Canadian West were shown to stimulate travel to the C.N.A. biennial meeting in Winnipeg next summer. The general meeting was opened with an invocation by Rev. A. Frank MacLean, B.A., Minister of Trinity Church. Greetings from the city were extended by city councillor, Mr. Picton McCormac. The Department of Health and Welfare was represented by Health Officer, Dr. B. D. Howatt.

The theme for the annual meeting was Nursing Service. This was highlighted by a panel discussion on "The Team Concept in Nursing" under the chairmanship of Mrs. Lois MacDonald. A film strip captioned "Team Relationships in Nursing Care" was shown to point up particular areas of the discussion.

The president, in her address, reviewed the history of the Association which began in May, 1921, as the Graduate Nurses' Association of Prince Edward Island. In the 34 years which have elapsed, the membership has grown from 12 to 893. There are now over 160 nursing students in the three schools of nursing in Prince Edward Island.

Sister Mary Irene expressed appreciation of the invaluable assistance given by Miss Jean Church, Dalhousie University, in conducting a two-day institute last summer dealing with curriculum construction. The president referred to the resignation of Miss Muriel Archibald, secretary-registrar and her replacement by Mrs. Helen Bolger. On behalf of the association, she spoke of the outstanding contribution Miss Archibald had made in helping the organization grow. Regret was expressed at losing such a valued member. A very pleasing feature of the meeting was the conferral of honorary membership in the Association of Nurses of Prince Edward Island on Miss Archibald. The only other member so honored in the past 34 years was Miss Anna Mair, retired superintendent of nurses of the Prince Edward Island Hospital.

Mrs. Bolger reported on the past years' activities of the Association with particular reference to the activities of the Council.

The guest speaker at the annual dinner was Dr. J. A. MacMillan, who talked on "Some Aspects of Health Insurance in Prince Edward Island."

HELEN L. BOLGER
Executive Secretary

To be wiser than other men is to be more honest than they; and strength of mind is only courage to see and speak the truth.
— HAZLITT

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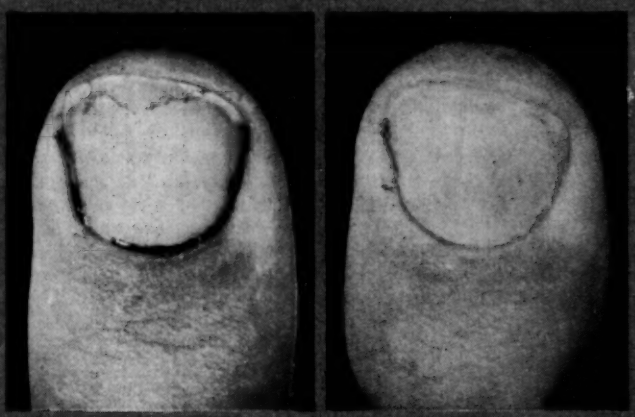

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1. Rosenberg, S. and Oster, K. A., "Gelatine in the Treatment of Brittle Nails," *Conn. State Med. J.* **19**: 171-179, March 1955.
2. Tyson, T. L., *J. Invest. Dermat.* **14**:323, May 1950.

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Sélection

Les besoins de l'écolier en matière de santé

"Les exigences fondamentales de la Santé présentent trois aspects nettement différents: l'aspect physique, l'aspect social et l'aspect psychologique. C'est encore sur le plan psychologique (celui des relations humaines) que les exigences de l'individu sont le moins bien satisfaites." (O.M.S. *Rapport du Comité d'experts des soins infirmiers).*

La vérité de cette assertion semble prouvée par l'étude faite dans une école secondaire sur "Les besoins de l'écolier en matière de santé." Voici, en résumé, l'opinion de chaque membre du personnel.

Le principal de l'école reconnait qu'il est de la plus grande importance que l'élève soit accepté par son groupe. L'adolescent a besoin d'un sentiment d'importance; les succès académiques et les activités extra-scolaires — fêtes, réceptions, etc. — devraient fournir aux uns et aux autres une source de satisfaction. L'apparence physique a aussi son importance pour les adolescents. Les sports et le bricolage favorisent le développement de la force physique et l'intérêt qui sont nécessaires à la maturité.

Le psychologue énumère d'abord la sécurité (acceptation, adhésion à un groupe); ensuite la compétence (sentiment d'importance, d'impression favorable). A ces besoins s'ajoute celui qui est plus particulier aux adolescents: la liberté d'action ou le besoin d'indépendance. Les adolescents ont besoin d'une personne capable d'écouter, d'interpréter et de conseiller les jeunes de façon à leur faire prendre conscience de leurs problèmes et de leur montrer comment les résoudre et aussi comment transformer leurs erreurs antérieures en source de satisfaction pour l'avenir.

Le psychiatre — Ce qui caractérise l'âge de l'adolescence, c'est l'insécurité qui accompagne l'attention portée aux sexes. Il est important de créer chez l'adolescent une attitude saine à l'égard des fonctions sexuelles et ceci par une éducation adéquate. Trois facteurs importants influencent l'attitude des jeunes:

1. L'âge de la maturité et la force de l'impulsion.
2. Le degré d'emprise sur soi développée par l'individu lui-même ou due à sa formation antérieure.
3. L'existence de ressources personnelles et sociales suffisantes qui aident l'individu à s'adapter à ses émotions sans qu'elles n'évoluent en problème.

Les relations antérieures parents-enfants ont sûrement une grande importance dans l'étiologie des problèmes de l'adolescent.

La travailleuse sociale — Les jeux de groupe sont les favoris de cet âge. Les jeux doivent être choisis pour procurer intérêt et satisfaction et organisés en collaboration avec une personne compréhensive. Un bon programme comprend des activités mixtes (danses, réceptions) aussi bien que des activités limitées à un sexe. Le programme a pour but de fournir à l'élève l'occasion de s'exprimer, de décider, ainsi que de participer au succès du groupe.

Le médecin — Les problèmes de l'adolescence sont liés à la croissance et sont souvent exagérés par l'observation adulte. Les jeunes doivent être considérés comme des adolescents et non des adultes; ils ont besoin d'être éclairés au sujet de leurs problèmes qui nous paraissent sans importance mais qui sont pourtant sérieux pour eux.

Le milieu et les expériences du jeune âge peuvent avoir aidé ou nui à l'orientation de l'enfant vers l'indépendance. La compréhension et la direction pourraient compenser, dans plusieurs cas. Les adolescents manifestent de l'intérêt envers leur santé; il est bon, cependant, avec eux, de ne pas trop appuyer sur les maladies; leur enseigner les principes d'une alimentation rationnelle; la propreté méticuleuse nécessaire à la guérison de l'acné, manifestation due à la croissance; la part qu'ils peuvent prendre dans la prévention des accidents. Les échecs causent du tort à l'élève. Ils ont diverses causes: l'absence prolongée due à une maladie chronique, etc.

Les personnes qui travaillent dans le domaine de l'hygiène publique ont souvent l'occasion de venir en aide aux jeunes en voie de maturité. Elles peuvent le faire par leur compréhension de la jeunesse, par la sympathie manifestée au moment d'un problème, par la surveillance de la santé physique et mentale et par les conseils qui

---

Travail préparé par Mlle Monique Ranger, étudiante à l'Ecole d'Hygiène de l'Université de Montréal.

s'y rattachent, enfin, par l'éducation des parents et des adultes qui s'occupent de jeunes au point de vue étude, jeux et loisirs ou d'autre façon, à l'occasion de visites à domicile, des cliniques, à l'industrie et à l'école.

Hypotension

W. SCHWEISHEIMER, M.D.

DO YOU FEEL inexplicably tired and out of sorts much of the time? Are you frequently depressed and gloomy without knowing why? If so, you may be one of the lucky people who is assured of a long life by reason of the fact that you are afflicted with *low* blood pressure.

Hypotension is said to be present in an adult when the systolic pressure is around 100 millimeters of mercury. This may be anything from 10 to 50 millimeters less than the average or normal, depending on your age. Chronic low blood pressure, while not particularly pleasant, is a form of insurance, for statistics show that persons so affected almost never develop high blood pressure later in life.

Low blood pressure is found much less commonly than hypertension. In fact, many people are totally unaware that their blood pressure is low until they are examined by their physician, usually in the course of some routine health examination. These people feel perfectly well; they have no complaints but the feeling of tiredness, occasional headaches or weakness. It is noted most frequently in young adults, the incidence decreasing steadily with age. It is notable that the incidence is higher in women of all age groups than in men.

Blood pressure usually is lower in the morning than in the afternoon; lower during warm weather or in a warm room. Cold weather or sitting in a cold room contracts the blood vessels and increases the blood pressure. Some persons whose blood pressure is normal when they are lying down may feel weak, dizzy or they may even faint because of a sudden drop in the pressure when they jump up quickly. This postural hypotension has no serious significance.

Blood pressure will be lower after severe bleeding due to a reduction in the volume of fluid in the closed system of the circulation. Following shock, surgery, heat stroke or any condition where the power of the heart muscle is diminished, lowering of the blood pressure is a common finding. Similarly, certain communicable diseases, notably influenza, may produce sensations of weakness, depression and fatigue for months after recovery is apparently complete, because the blood pressure remains below normal. Heavy smoking may reduce the pressure also.

The carotid sinus is a dilatation normally present in the front of the neck at the bifurcation of the common carotid artery. It is permeated by such a rich network of nerves that a blow or unusual pressure on the neck in the area of the sinus (e.g., in a boxing knockout) may cause a sharp fall in blood pressure. Similarly, wearing a tight collar may produce the same result. A 49-year-old woman went to see her physician because of episodes of dizziness, "blackouts" and frequent attacks of fainting. No apparent cause for these symptoms could be found until it was learned that they always took place when she was sitting at her dressing table. Her activities at that time consisted of the usual routines that women follow of applying creams to her face and neck for the removal of make-up. This information gave her physician the necessary clue to a correct diagnosis. She was massaging the carotid sinus with sufficient vigor to cause a marked drop in blood pressure and the resultant fainting.

Hypotension is a characteristic of Addison's disease where there is

Dr. Schweisheimer resides in Rye, N.Y.

marked adrenal cortical hypofunction. Since too little adrenalin is produced by the diseased glands, this lack results in abnormally low blood pressure. Sometimes these patients will give a reading of only 50 to 60 mm. mercury as contrasted with a normal of 120 or even the lower figure associated with essential hypotension.

What can be done about low blood pressure? Drugs such as ephedrine, or adrenal extracts by injection or by mouth, are not necessary in most cases. Stimulating beverages such as hot tea or coffee, a cold bath, even an ample consumption of water or fruit juice will raise the blood pressure temporarily thus relieving the sensations connected with it. If no organic cause can be demonstrated by the examining physician, the individual affected should stop worrying and lead as normal an existence as possible. Only occasionally will assistance from stimulating drugs be necessary when some especially heavy demand makes an unusual strain on physical endurance.

Book Reviews

The Rotunda Textbook of Midwifery for Nurses, by O'Donel Browne, M.B. et al. 302 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2, Ont. 1952. Price $4.00.

Reviewed by S. Monica Waters, Supervisor, Obstetrical Floor, Civic Hospital, Peterborough, Ont.

This book is written primarily for student midwives. The concise presentation of anatomy and physiology of the female pelvis, the reproductive organs, and the development of the fetus should prove invaluable to the student in a Canadian school of nursing as well. It will be a useful reference text for the graduate nurse or instructor in the obstetrical department.

Normal labor is described. The care during labor and the technique of delivery differ somewhat from the procedures in Canadian hospitals. The treatment of complications before, during and after labor is essentially similar to that prescribed in a modern obstetrical unit in this country. Diagrams are excellent.

This is a readable book — interesting and helpful to the nurse in the obstetrical department. Student and graduate nurses should be aware that the obstetrical nurse is trained to assist the doctor. Her duties are as rewarding but differ from those of a midwife.

University Education for Administration in Hospitals, A report of the Commission on University Education in Hospital Administration, by James A. Hamilton, Chairman et al. 199 pages. George Banta Publishing Co., Menasha, Wisconsin. 1954.

Reviewed by Miss Eugenie Stuart, University of Toronto, Toronto.

The study of University Education for Administration in Hospitals was undertaken in March 1952 by an independent commission and staff. The purpose was to question the patterns of existing programs in hospital administration and the direction of educational efforts in these programs. Criteria for future planning was to be established.

This report was presented to the representatives of the Association of University Programs in Hospital Administration in December 1953. It was given a divided reception. A number of the course representatives, while agreeing with the basic philosophy in the introductory sections of the report were in strong disagreement with many of the conclusions and recommendations. It became apparent that there were two concepts of hospital administration. One view was that it is essentially a business operation (the report refers to "the hospital industry"). The other view was that the administrator should be concerned with the broad health programs of the community and the nation, and with making the hospital an integral part of the health program.

As a prerequisite to training, the report places emphasis upon accounting and other commerce subjects, with little attention to medical sciences, sociology and the welfare aspects of patients. The recommendations as stated were: "the age limits be fixed at

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twenty-one to twenty-seven"; "the experience preference of programs be given less emphasis"; "as a condition of admission all candidates shall have completed fully and satisfactorily the basic pre-professional courses stated." The majority group in the Association of University Programs in Hospital Administration believed that if these recommendations were accepted, almost automatically professionally qualified applicants such as doctors and nurses would be largely eliminated from the course. Most promising applicants above the age of twenty-seven would be disqualified. It would seem that the adoption of this report would be a backward step in the training of hospital administrators. It focuses too much attention on the limited business aspects and makes the administrator less qualified to take his rightful place in leadership of our overall health program development.

The Association of University Programs in Hospital Administration majority vote disassociated itself from the publication of this report.

Teaching Medical and Surgical Nursing by Jane Sherburn Bragdon, R.N. and Lillian A. Sholtis, R.N. 70 pages. J. B. Lippincott Company, Montreal and Philadelphia. 1955. Price $2.00.

Reviewed by Joyce B. Campkin, 3107 Douglas Road, South Burnabay, B.C.

The experienced authors of this volume have carefully outlined a practical basic teaching plan. It stresses the modern concepts of correlated teaching.

The broader aspects of medical and surgical nursing in the outpatient department and in surgery are presented with many valuable suggestions in teaching techniques. A timely section on Disaster Nursing is included among such other topics as "Patient Teaching and Care" and "Teaching Methods and Evaluation." Consideration is given to pharmacology and diet therapy. Visual aid sources and an excellent bibliography are also included.

It would seem that the teacher using this text as a guide in her teaching program, would prepare students who have had good opportunity to learn to think of the patient as an individual. They would know the importance of early rehabilitation programs and patient as well as family teaching. They would be adept in providing good general nursing care under varied circumstances. These students would become more familiar with psychosocial problems which accompany illness. They would be familiar with community agencies which are available to help patients and their families.

Surgical Nursing, by E. L. Eliason, M.D., L. K. Ferguson, M.D., and L. A. Sholtis, R.N. 754 pages. J. B. Lippincott Company, Philadelphia, Montreal. 10th Ed. 1955. $4.75

Reviewed by Ruth Hallam.

In preparing this text, the authors have outlined the nursing care by basing it on the principles involved in the underlying condition. This is developed to a greater extent than in many texts written for student nurses. The nursing care follows logically when the surgical condition is understood.

A concise account is given of the disease and the surgery performed. Numerous diagrams clearly illustrate the material in the book. As a text it is easy and interesting to read. Junior students should find no difficulty in learning new material. Senior students will find it a book of value for review purposes. A large bibliography has been included at the end of most units. This serves as a source of extra information.

The text begins with a brief history of surgery and the importance of good nursing care. Factors relating to surgery such as antisepsis, asepsis, inflammation, pre-operative and post-operative care, fluid balance, special therapy, and cancer nursing are dealt with in detail. The main portion of the text is given over to surgery and its related nursing care. Each unit begins with a list of topics contained in that section and a general introduction. This gives the reader a preliminary view of the subject and its organization. More specific detail follows. The surgery of the various systems or areas is discussed individually.

New ideas and methods have been included. Some of these are freezing anesthesia, cardiac surgery, some aural surgery, and body mechanics for both patients and nurses. I found this up-to-date book a good text and recommend it for student nurses.

Essentials of Medicine, by Charles Phillips Emerson, Jr., A.B., M.D. and Jane Sherburn Bragdon, R.N., B.S. 922 pages. 17th ed. 1955. Price $4.75.

Reviewed by Florence M. Anderson, Head Nurse, Montreal General Hospital.

This edition preserves much of the material pertaining to pathologic physiology,

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course, complications and prognosis of outstanding medical conditions included in previous editions. It introduces new diagnostic procedures and drugs. Other sections deal with therapeutics and preventative medicine.

The present trend in nursing aims to acquaint the student nurse with her patient as an individual. More emphasis is being placed on understanding the patient's physical, psychological and social needs. The authors have attempted to illustrate the importance of the entire medical team in dealing with such patient needs.

The text offers the student a substantial introduction to medical nursing. In some instances the principles underlying the outlined nursing care have been neglected or sketchily presented.

Chapter 29 is confined to tuberculosis, its pathology, occurrence, diagnosis, and nursing care. The material is detailed but explicit. Chapter 34, while short, emphasizes the potential rôle of the institutional nurse in the community. It deals with disaster nursing applicable in times of national emergency or natural disaster areas.

The book is well written and easily read. Chapter summaries offer valuable information for both study and practice. The bibliography is mainly drawn from U.S. sources but is valuable to student nurses throughout the continent. This text is recommended for student and graduate nurse reading.

Report on the Experiment in Nursing Education of the Atkinson School of Nursing, The Toronto Western Hospital, 1950-1955, by W. Stewart Wallace. 24 pages. University of Toronto Press, Toronto, Ont. Price $1.00.

Another interesting and valuable piece is fitted into the mosaic of nursing education with the publication of this report of another experiment. It will be of particular help to other schools that may be contemplating the shift from the regular three-year training pattern to a concentrated two-year course in nursing education followed by one year of interneship.

Several prerequisites were established before the Atkinson School of Nursing was opened: The school must have complete control of the students' time during the first two years. Nursing education and nursing service directors were to be jointly responsible for planning the experience received and supervising the student during the third year of interneship. A minimum of senior matriculation was set as the pre-

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liminary educational requirement. There would be only one class a year.

Now with the experimental period behind it, the most sanguine hopes of the administrators who planned and developed the new pattern have been amply justified. "There was no one I interviewed who was not willing to agree that the graduate of the Atkinson School of Nursing today . . . is better prepared than her predecessor prior to 1950." Enrolment in the school has increased by approximately 25 per cent. The improved standing in R.N. examinations, written at the end of the second year, must be highly gratifying.

A section of the report is devoted to costs, the key problem in the development of independent schools of nursing.

Canadian Red Cross Society

The following are staff changes in the Quebec Division of the Canadian Red Cross Society:

Appointments — *Mary Wattsford* (Hosp. for Sick Children, Toronto) and *Madeleine Besner* (General Hospital, Verdun) to Barachois, Gaspe Co.

Resignations — *Leone Soucy* (Notre Dame Hospital) from Barachois.

Ontario

The following are staff changes in the Ontario Public Health Services:

Appointments — *Mary Robbins* (Kingston Gen. Hosp., B.N.Sc. Queen's Univ.) and *Corleen Delaney* (K.G.H., B.N.Sc. Queen's Univ.), to Kingston Dept. of Health. *Margaret Kuntz* (St. Jos. Hosp., London, U. of West. Ont.), to the Separate School Board, London. *Faustina Faurnier* (B.Sc., U. of Ottawa), *Norma O'Shea* (St. Jos. Hosp,. Kingston, U. of Ottawa), *Catharina van Schayk* (Roman Catholic Hosp., Aalster Weg-Eindhoven, Holland, Breda University) and *Jean Wilson* (Victoria Hosp., London, U. of West. Ont.) to Ottawa B.H. *Anne Leslie* (Toronto East Hosp. U. of Toronto), from the East York-Leaside H.U. to the Scarborough Township B. H. *Kathleen Nelson* (Northampton Gen. Hosp., England, Royal Sanitary Institute) to Stormont,

Dundas and Glengarry H.U. *Arnoldina Petit* (Binnengasthuis, Amsterdam, Public Health Nursing, Tilburg, Holland) to Toronto Dept. of P.H.

Resignations — *Joyce (Callahan) Tovey* and *Kathleen (Alexander) Dance* from Simcoe County H.U.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Calgary: *Mrs. Evelyn Taylor* (Univ. of Alberta). Campbellton: *Madeleine Cormier* (Hotel Dieu Hosp., Moncton) as nurse in charge. Darmouth: *Jean Atkinson* (Royal Vic. Hosp., Montreal). Fredericton: *Mrs. J. Brewer* (Fredericton Victoria Hosp.). North York: *Mrs. Jacqueline Bennett* (Toronto Western Hosp.) Ottawa: *Micheline Lefort* (St. Justine's Hosp., Montreal). Owen Sound: *Joyce Gillesby* (Kitchener-Waterloo Hosp.). Toronto: *Mrs. Elizabeth Collins* (Hosp. for Sick Children); *Phyllis Erskine* (Victoria Hosp., London); *Willa Flook* (Women's College Hosp.); *Betty Mickle* (Victoria Hosp., London); *Mrs. Cora Worthington* (Public Hosp., N.Z.) Windsor, Ont.: *Janet Clark and Mary Parkinson* (both Grace Hosp., Windsor). Winnipeg: *Mrs. Barbara Siedermann* (W.G.H.). Woodstock, N.B.: *Mrs. Kay Hamilton* (R.V.H., Montreal) as nurse in charge. Woodstock, Ont.: *Joan Ryan* (St. Mary's Hosp., Kitchener).

Transfers — *Mrs. Frances Cooper* from Galt to York Township staff. *Stephanie Mason* from Kitchener to Kingston. *Elizabeth MacKenzie* from Chatham, N.B. to Bathurst, N.B. as nurse in charge. *Ada McEwen* from Orillia to Edmonton as nurse in charge. *Nancy Waller* from Windsor to Montreal. *Donna Wallace* from Hamilton to Medicine Hat.

Duty: what the normal person looks forward to with distaste, does with reluctance, and boasts about forever after.

* * *

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News Notes

ALBERTA

District 3

Calgary

A plaque dedicated to the memory of Miss Kay Brandon was recently unveiled on the Stony Indian reserve. Miss Brandon was the first field nurse on the Stony reservation and was greatly respected by all with whom she worked. The ceremony included expressions of appreciation by Dr. W. L. Falconer, regional superintendent of Indian health services, and Chief Walking Buffalo.

A supper party in the Blue Room of the Calgary General Hospital preceded the November meeting of the Chapter. There was an attendance of 54 members. The guest speaker, Dr. A. A. Dixon chose as his topic "Your Skin and You," discussing treatment of moles, acne and hypertrichosis. During the business session it was reported that a request to have a minimum of four meetings a year had been approved. The next meeting will be held in January.

District 4

Medicine Hat

A chapter meeting was held late in the fall with an attendance of 25 members. Mrs. C. R. McKay, president, was in the chair. Suggestions for the program of the 1956 annual meeting were received and forwarded to the A.A.R.N.

Mrs. A. G. Renner has been appointed corresponding member. Miss Bietsch reported on the plans being made to include matrons of small hospitals in the surrounding areas on the Committee of Nursing Education. Literature covering nurse recruitment was to be made available to try

to interest more young women in the profession.

Following the business session, a most informative film was shown on "Rheumatic Fever."

District 7

Edmonton

Miss Ada McEwen was recently appointed supervisor of the V.O.N. branch. She is a graduate of the Montreal General Hospital and studied public health nursing at McGill University.

BRITISH COLUMBIA

Fort George

At a recent meeting of the chapter plans were made for a bursary tea. The bursary fund is to be awarded to a high school graduate entering on a career in nursing. A successful telephone bridge has helped to augment the fund also.

Mrs. I. Ford reported on the district meeting held at Williams Lake. Mrs. M. Botsford, assistant registrar R.N.A.B.C., was the guest speaker and outlined the work in provincial administration of the nurses' association. District officers for the coming year are: pres., Mrs. F. Haggert; vice-pres., Miss G. Gowans; sec., Mrs. I. McColl; treas., Mrs. I. Ford; councillor, Mrs. M. Kalleur.

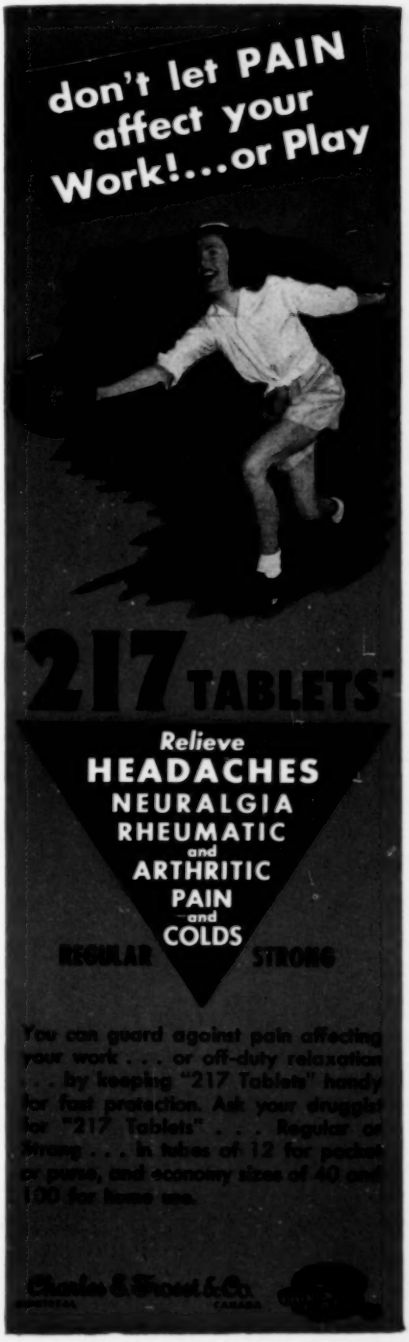
Kamloops

Looking over the activities for the past twelve months the highlight was the annual provincial meeting held in Penticton. The efforts of the local chapter were duly rewarded by a most successful meeting. The district executive was proud indeed that one of it's chapters acquitted itself so admirably.

The annual meeting for 1954 was held last fall in the regatta town of Kelowna. The spring meeting was held in Kamloops where a most interesting lecture on Indian medicine was given. The northern chapter of Revelstoke was the scene of the meeting in October, while Vernon is holding the spring meeting in 1956.

The district now has over four hundred members from which the local chapters draw their ranks. Activities include raising funds for several nursing bursaries totalling over a thousand dollars yearly, equipping local hospitals and helping in the Red Cross blood donor clinics. In addition to this, members attended the travelling institute on Rehabilitation Nursing and Body Mechanics which toured B.C. in September and October. They also heard a series of special interest speakers at their own chapter meetings. In this way professional growth is maintained.

Members are looking forward to the annual provincial meeting at Nanaimo in May.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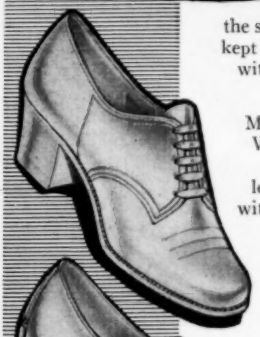

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TRAIL

Twenty-three members were in attendance at the November chapter meeting. Plans were completed for future activities, including a Christmas party and a January ball. Miss Eidt placed a wreath in the name of the chapter on Remembrance Day. Miss Rivett and her committee reported a successful rummage sale. A volunteer to assist at the Well Baby Clinic was requested by Miss Whittington. Doctors' lectures, which form a part of the educational program for members, have been resumed and have been fairly well attended.

The guest speaker, Mrs. Frank Jones from the Kootenay Society for Handicapped Children, gave an interesting address on the work and future plans of the society.

VANCOUVER

St. Paul's Hospital

A highlight of one of the recent meetings of the alumnae association was a conducted tour through the new wing of the building. Colored slides of a European trip were shown by Dr. and Mrs. E. N. McAmmond at another meeting.

The annual home-coming was held late in the fall. A presentation of a bust of Jeanne Mance was made to the Sisters of Charity and Providence in appreciation of the work and years of service of Sister Columkille. Sr. Columkille, former director of the school of nursing, is now in North Battleford, Sask. Members of the classes of 1919 and 1920 were honored guests. Mrs. R. Whitney assisted by Mrs. G. Topping and Miss H. Hull were responsible for the success of the event.

NEW BRUNSWICK

MONCTON

Members of the local chapter of the N.B.A.R.N. heard several interesting reports at their regular meeting in November. L. Colwell, in her report on nursing education, announced that S. MacLeod, Moncton Hospital, and Y. Poirier, Hotel Dieu, had attended a short course in obstetrical nursing at Dalhousie University. Over 30 senior high school students accompanied by their vocational guidance counsellor were taken on a tour of Moncton Hospital. Members of the preliminary class of the same institution were presented with white testaments by the Ladies' Auxiliary of the Gideon Society. Two student nurses of the district attended the sessions of the annual provincial meeting. It was also reported that K. Russell of the Nursing Research Branch, University of N.B. had visited both local schools of nursing.

H. Hayes, president, presented the highlights of the annual meeting. A vote of thanks was extended to Miss Hayes and her committee for their part in assuring the success of the convention. Plans were made

to forward Christmas packages to a rest home for retired nurses in Edinburgh. M. Connolly was delegated to place a wreath at the Cenotaph on Remembrance Day. The report of the Local Council of Women was given by Mrs. J. Innes. At the conclusion of the business session, a program of films was enjoyed by the members.

Saint John

A recommendation to the effect that individual nurses' fees be increased has been forwarded to the N.B.A.R.N. by the chapter. Miss L. Peters presided at the meeting in the General Hospital.

It was decided to place a wreath in the chapter's name to honor veterans on Remembrance Day. Miss W. Hoosier was named delegate to the annual provincial meeting.

General Hospital

Miss C. M. Gleeson, supervisor of the Communicable Diseases Pavilion has retired after 33 years of service. She has taken an active interest in the work of hospital and alumnae associations and community welfare organizations. The many student nurses who trained under her guidance were instilled with her keen interest in a high level of accomplishment.

J. Kimball, J. Farnham, F. Stephenson, J. Breen have enrolled for postgraduate study at the University of Toronto. E. Corbett, D. Buchanen, A. Mahoney, and M. L. Blackford are taking postgraduate study in obstetrics at the Royal Victoria Montreal Maternity Hospital.

Recent appointements to the staff have included: D. Greive, teaching dept.; N. Wedge, S. Wright, J. Young and M. Frye, operating room; B. Nelson, asst. supervisor, male surgery. D. McQuarrie and D. McTavish recently resumed their positions as supervisors in the neurosurgery dept.

NOVA SCOTIA

Halifax

"Nursing Aspects in Rehabilitation" has been chosen as the topic of a three-day institute being held in the Arts and Administration Building, Studley Campus, Dalhousie University, March 21 - 23. The problem of the elderly patient will receive special consideration.

Miss Elizabeth Phillips, A.M., R.N., Executive Director, Rochester Visiting Nurse Service is to be the conference leader. She will be assisted by Mr. F. Wellard, Coordinator of Rehabilitation in Nova Scotia. Miss Phillips has had extensive experience in planning programs of care for the chronically ill and has participated in many projects related to rehabilitation nursing. "The Meaning of Rehabilitation" and "Nursing Principles and Practices in Rehabilitation" are among the subjects to be discussed.

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ONTARIO

DISTRICT 3

KITCHENER

October 29 was a gala day at Kitchener-Waterloo Hospital when the Diamond Anniversary of the founding of the hospital and school of nursing was celebrated. Opened in 1895, there was accommodation for 25 patients; today there are 496 beds. Old records show that the first public ward rate was *40 cents a day!* The third annual report gives 144 patient admissions for the year. In comparison, 11,914 patients were cared for last year.

The original by-laws of the hospital contain a number of quaint rules: No patient was permitted to "retire to bed without undressing," nor could "any convalescent patient lie upon a bed in the day time without permission." Visitors required a permit from a trustee and were not allowed "to converse with patients concerning their disease or treament."

Hundreds availed themselves of the opportunity to see all the modern features of the hospital. The climax of the day's observance was the banquet at which the Hon. Mackinnon Phillips, M.D., Minister of Health for Ontario was the guest speaker.

DISTRICT 4

PORT COLBORNE

General Hospital

The appointment of Miss Helen Lauder as assistant director of nursing was announced late in 1955. A graduate of Soldiers' Memorial Hospital, Orillia, Miss Lauder formerly engaged in staff and private nursing. Later she obtained her postgraduate certificate in obstetrical nursing from Hague Maternity Hospital, Jersey City, N.J. Miss Lauder joined the staff of the General Hospital when the institution opened in 1951. Prior to accepting her present position, she served in the obstetrical department and more recently, as the medical and surgical supervisor.

DISTRICT 5

TORONTO

Women's College Hospital

The class of '55 took charge of program arrangements for the November meeting of the alumnae association. Of particular interest was the address by Dr. Serreira, Jamaica. Dr. Serreira has helped organize and establish training schools for nurses in his own country. He came to Canada to study the use of Salk vaccine.

There have been several staff changes. C. E. Dixon recently retired. Mrs. Amman, L. Maurusaityte and Mrs. Gardiner have been appointed to supervisory positions. D.

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Mitobe, S. Good and P. Bryant have also joined the staff.

Members of the class of '45 held a reunion earlier this year. E. (Speer) Patrick and G. (Birchard) Grice were among those attending. Mrs. M. Gist visited the hospital before her return to Singapore. V. Treacy is stationed at a base hospital in Germany.

District 8

Ottawa

Civic Hospital

It is of interest to graduates of her school of nursing to know that Mary J. Cullin has enrolled in the Advanced Program in Mental Health at Yale University School of Nursing. This program is in its seventh year and aims to train leaders in the nursing field to assist in the fight against mental illness. Miss Cullin recently received her degree in public health nursing from the University of North Carolina. Prior to this she was enrolled with the Roll of Midwives in England, and later served as an attache to the American Embassy in Iran. Following the completion of her Yale studies, Miss Cullin hopes to work in the field of maternal and child health.

PRINCE EDWARD ISLAND

Charlottetown

The annual meeting of the local district of the Association of Nurses of Prince Edward Island was held in October, 1955 at the Charlottetown Hospital. Miss Ruth Ross presided.

Officers elected for the coming year are: Pres., Miss R. Ross; Vice-Pres., Sister M. Patricia; Sec., Miss F. MacLean. Executive: Misses M. MacInnis, C. Gordon, D. MacInnis, I. Dewar.

The program featured the presentation of a play "Random Harvest" under the guest direction of Miss H. Hunter. The portrayal was that of harsh treatment of a child and its effects. The cast was made up entirely of nurses.

A lively discussion followed the presentation of the play. Miss Mona Clay, Child Guidance Consultant with the Department of Health and Welfare used questionnaires to promote discussion and later summarized the results.

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By Ella L. Rothweiler, Jean M. White and Doris A. Geitgey. Several new chapters have been added to the completely revised edition of this widely used textbook. More nursing procedures are presented than formerly. 819 pages, 180 illustrations, fifth edition, 1954. $5.50.

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QUEBEC

MONTREAL

Royal Victoria Hospital

A most successful bazaar was held by the alumnae association in November. Mrs. A. B. Hawthorne and Miss R. Ackhurst were the conveners. The tables were in charge of Mmes. R. McKay, M. Couper, E. Butler, D. Greer, K. Dowd, Misses K. Graham, R. Ereaux, I. MacMillan, H. MacCallum. C. Grimson was in charge of the tea room and M. Clark, ticket sales. The response from the members in Montreal and in the various chapters across Canada was most gratifying. The proceeds from the bazaar, amounting to over $2300, are being used to pay for a second edition of Dr. Edith Buchanan's textbook "A Study Guide in Nursing Arts." This is being done in recognition of the distinction which Dr. Buchanan has brought to her school of nursing.

A meeting of the Saint John chapter was held in October. L. (Rising) MacDonald was elected president and G. (Parlee) Sinclair, secretary.

P. Lawley has joined the Provincial Public Health Service, Dartmouth, N.S. A. Davies is on the staff of the Hospital for Sick Children, Toronto. C. Walkem, F. Dawson, I. Rimstead and P. Walker are attending the University of Western Ontario. L. Pepper is doing general duty in the obstetrical division of Wellesley Hospital, Toronto. G. Allen has joined the staff of the Montreal Children's Hospital. J. Henderson who resigned recently from the Moncton Hospital, has joined the staff of the Peter Bent Brigham Hospital, Boston.

There was an attendance of nine members at a recent meeting of the Moncton chapter. Mary (MacLachlan) Gillis has been elected president.

SHERBROOKE

The first fall meeting of the district was a joint session of English and French chapters. A social evening was spent at the St. Vincent de Paul Hospital and was well attended.

Sherbrooke Hospital

The monthly meetings of the alumnae association have shown a good attendance. Plans have been made for a fall dance. One of the projects being undertaken by the members is the landscaping of the grounds around the nurses' residence. To raise funds for this purpose, a rummage sale was held in October.

SASKATCHEWAN

REGINA

A meeting of the local chapter, S.R.N.A. was held at the General Hospital. Discussion centered around the biennial convention in Winnipeg, in June, at which the S.R.N.A.

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will be a co-hostess. Delegates to the annual convention, M. Edwards, E. James, I. Colvin gave very informative accounts of the sessions. The officers for the coming year are: pres., M. Edwards; first vice-pres., E. Bedard; sec., I. Colvin; treas., Mrs. E. Parker. Committees: Public health, Mrs. N. Kitchen; private nursing, Mrs. C. Storey; institutional nursing, V. Ryan; registry, Mrs. M. McBrayne.

Grey Nuns' Hospital

Five members of the staff and Sr. Papineau, Sr. Drouin, Sr. Moreau, Sr. LaPorte and Sr. Gauthier recently attended the Catholic Hospital Conference in Saskatoon. The sisters also were present at the annual meeting of the Saskatchewan Hospital Association.

General Hospital

Recent appointments to the nursing staff have included: Miss Lyons, as nursing service supervisor; D. Ballantine; A. (Read) Stewart as clinical instructor in surgical nursing; E. (Kembel) Ulrich as assistant nursing arts instructor.

Late in the fall of 1954 the new wing of the nurses' residence was opened. It contains 30 single rooms, a modern teaching unit, a combined auditorium and gymnasium, rest rooms, dressing rooms, mezzanine areas and storage areas. The teaching area is made up of a large classroom with a seating capacity of 150 which can be divided into two rooms by folding doors. There is a nursing arts demonstration room with tiered seating to accommodate 50 students, a dietetic laboratory, a library, a conference room and four offices. The entire wing has been artistically decorated and furnished.

SASKATOON

City Hospital

D. Kacsmar and I. Levorson are enrolled in the teaching and supervision course at University of Saskatchewan. L. Wright is now supervisor and clinical instructor on the children's ward, while M. King is assistant nursing arts instructor.

S. MacFarlane has been appointed to replace Mrs. S. Paine as nursing arts instructor. Mrs. Paine has joined the staff of the Children's Hospital, Winnipeg.

Recent graduates who have joined the staff are: S. Cherepuschak, F. Clark, B. Hayes, A. Hompoth, D. Kindrachuk, J. McCuaig, D. Morgan, L. Morland, O. Nagy, R. Russell, M. Smith, M. St. John, E. Wright.

The September class of preclinical students were entertained at a tea at which their big sisters served. Nineteen overseas nurses are receiving their orientation to Canadian hospital practices and techniques.

Hospital building plans are going ahead steadily. The latest move was to the new obstetrical section.

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Nursing Arts Instructor for School of Nursing, with capacity 195 students, attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working toward degree. Located in "All American City" of 120,000 in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

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Staff Nurses & Operating Room Scrub Nurses for 225-bed General Hospital, 20 mi. north of New York City. Salary: $240-$280. $20 extra for O.R. duty & permanent evening duty; $15 for permanent night duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, N.Y.

Registered Nurses for General Duty (2) for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross Salary: $205 per mo., perquisites $30, $5.00 increment every 6 mo. 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Sick leave with pay. Apply Matron, Municipal Hospital, Brooks, Alta.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Registered Nurses for General Duty. Initial salary: $200 per mo.; with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered General Duty Nurses (2) for 30-bed hospital. Salary: $170 per mo. plus full maintenance. Salary subject to increase after 6 mos. with regular annual increase thereafter. 30 days vacation after 1 yr. service. Fully modern nurses' residence. Successful applicants reimbursed rail fare after 1 yr. New 60-bed hospital under construction. Apply, stating age & when available to the Supt., Dist. General Hospital, Dryden, Ont.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo. 8-hr. duty; 44-hr. wk; rotating shifts. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered & Non-Registered Nurses, X-Ray & Lab. Technician for General Hospital. Gross salary for nurses registered in Ont. equivalent to $233.85 per mo. Good personnel policies, new facilities. 8-hr. rotating shifts; 44-hr. wk.; 1-day off 1 wk. & 2 the next. 1½ days holiday & sick leave per mo.; 8 legal holidays per year. Up to $40 travelling expenses & increase paid after 1 yr. service. Semi-private Blue Cross with M.O.S. coverage. Full maintenance is provided including room, board & laundering of uniforms. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered Nurses (2) for 25-bed hospital. Salary: $210 per mo. Full maintenance $30. 1 mo. vacation & 3 wks., sick leave after 1 yr. service. Located in thriving town with good train & mail service. Apply Sec. Manager, Porcupine-Carragana Union Hospital, Porcupine Plain, Sask.

GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission operates four Hospitals & seven Nursing Stations in northern Newfoundland & on the Labrador. Here is a wonderful opportunity for valuable experience & an adventurous life. If you are making plans for next year, why not consider this splendid service still carried on in the name of a great man?

For full information please write

MISS DOROTHY A. PLANT, SECRETARY, GRENFELL LABRADOR MEDICAL MISSION
48 SPARKS ST., OTTAWA 4, ONTARIO

Registered Nurses (2). Duties to commence as soon as possible. Salary: $175 per mo. plus room & board. 6-day wk., 3-wk. annual vacation, statutory holidays. Situated on No. 1 Highway & Mainline C.P.R. Friendly sportsminded town. For further information apply Sec. Treas., Medical Nursing Unit, Elkhorn, Man.

Registered Nurses for general duty in busy 60-bed hospital in Eastern Ontario. 3-wk. vacation after 1 yr., 2-wk. sick leave, all statutory holidays. Apply Supt., Public Hospital, Smiths Falls, Ontario.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses for 65-bed hospital. Gross salary: $185-$210. 44-hr. wk., statutory holidays. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ont.

General Duty Nurse (1) for 18-bed hospital. Duties to commence Feb. 1. Salary: $220 per mo. with $5.00 increment every 6 mo. Board & lodging in nurses' residence $40 per mo., 28-days annual vacation, usual statutory holidays. Apply Administrator, Lady Minto Gulf Islands Hospital, Ganges, B.C.

General Duty Nurse for well equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling, skiing. Initial salary: $240, full maintenance, $40. 44-hr. wk. vacation with pay. Comfortable, attractive nurses' residence on grounds. Rail fare advanced if necessary, refunded following 1 yr. service. References required. Apply Bulkley Valley Dist. Hospital, Smithers, B.C.

General Duty Nurses. O.R. Scrub Nurse, O.B. Supervisor for new 143-bed plus 32-bassinette hospital. Good salary & personnel policies. Apply Director of Nurses, Plummer Memorial Hospital, Sault Ste. Marie, Ontario.

General Duty Nurses for large General Hospital in rapidly growing industrial city. Good working conditions, modern equipment. Generous personnel policies include paid vacation, sick leave & statutory holidays. Uniforms laundered. Residence facilities available at nominal charge. Apply Dir. of Nursing, General Hospital, Hamilton, Ont.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Duty Graduate Nurses for well equipped 72-bed hospital on B.C. coast. Salary: $222 per mo. less $25 full maintenance. Semi-annual increments. 28 days vacation plus 10 statutory holidays after 1 yr. Transportation advanced if desired. Apply Mrs. Mark, Matron, St. George's Hospital, Alert Bay, B.C.

OPERATING ROOM SUPERVISOR

Applications are being received for

Operating Room Supervisor for February 1956.

Postgraduate course & experience required.

Good personnel policies & salary.

For further information, write

DIRECTOR OF NURSING, VICTORIA HOSPITAL, LONDON.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Graduate Nurses for duty on Obstetrical, Medical & Surgical Wards. Personnel policies as recommended by the Assoc. of Nurses of the Prov. of Quebec. Please apply Director of Nursing, Queen Elizabeth Hospital of Montreal, 2100 Marlowe Ave., Montreal 28, Que.

Graduate Nurses for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1 yr. Apply Director of Nursing General Hospital, Prince Rupert, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurse for 20-bed hospital. Salary: $190 plus full maintenance. Usual holidays with pay & sick leave. Modern nurses' home. Apply Union Hospital, Vanguard, Sask.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. postgraduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Maternity Nurses for modern 60-bed General Hospital located 40 mi. south of Montreal. Salary: $155 per mo. 8-hr. duty; 44-hr. wk; rotating shifts. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly

University of Alberta Hospital

Edmonton, Alberta.

Requires General Duty Nurses. Salary range: $190-$215 per mo. plus 2 meals & laundry. 40-hr. wk. to be instituted not later than March 31st, 1956. Rotating shifts, 21 days vacation, statutory holidays, other benefits.

For further information apply

ASSOC. DIRECTOR OF NURSING (SERVICE), UNIVERSITY OF ALBERTA HOSPITAL, EDMONTON, ALBERTA.

See Quebec With Employment Rather Than A Tourist Visit

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and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurses, preferably with experience, for 75-bed hospital. Operating unit consists of 2 theatres, emergency treatment & recovery room. Apply Supt., Carleton Memorial Hospital, Woodstock, N.B.

Operating Room & General Staff Nurses for 155-bed Acute General Hospital located in famed San Joaquin Valley. Starting salary: $285 per mo., $10 mo. additional for O.R., regularly scheduled increases. 40-hr., 5-day wk. 2 wk. paid vacation after 1 yr., 3 wk. after 5 yrs., 1 mo. after 10 yrs. Travel expenses refunded after 1 yr. employment. Apply Personnel Manager, Community Hospital, P.O. Box 1232, Fresno, California.

Experienced Hospital Bookkeeper & Receptionist. Excellent on collections. Would also consider **Housekeeper's** position in a hospital. January 1956. Apply Box K, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Dietitian for 65-bed hospital. Good working conditions. Living accommodation available. For further information apply Administrator, General & Marine Hospital, Collingwood, Ont.

Office Nurse with commercial training required for doctor's office January 1956. Must have ability to take full responsibility for running large office practice in St. Catharines. Apply Box J, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

General Duty Nurses immediately for new 600-bed hospital expanding to 850-beds. Opportunities for promotion to **Head Nurse** or higher. Located on 128 acres in eastern suburb of Cleveland. Starting salary: $3,060 with periodic merit increases to $3,300 per yr. Progressive personnel policies include 40-hr. wk., straight shifts, paid vacation, holidays & sick leave. Nominal cost housing available on grounds. Licensure available through Ohio State Nurses' Board if desired, providing nurse meets requirements. Hospital affiliated with Western Reserve University Medical School. Additional information available upon request. Apply Director, Personnel Relations, Highland View Hospital, Harvard Road, Cleveland 22, Ohio.

UNIVERSITY HOSPITAL

SASKATOON, SASK.

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $210.00 to $260.00 gross per month. Differential for evening and night duty.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASK.

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

Requires

CLINICAL INSTRUCTOR IN OPERATING ROOM

Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.

APPLY DIRECTOR OF NURSING

Applications are invited for the position of **Director of Nursing** for 30-bed General Hospital. State experience & salary required. Residence accommodation. A building program to replace the present hospital has been scheduled for 1956. Apply Administrator, General Hospital, Ladysmith, B.C.

Graduate Registered Nurses for floor duty for 68-bed hospital, 68 miles from Montreal. Excellent bus & train service. Salaries are in accordance with R.N.A.P.Q. Full maintenance. 8-hr. duty, rotating shift, 1½ days off per wk., 30 days annual vacation, sick leave allowance. Blue Cross hospitalization paid by hospital. Apply Supt., Brome-Missisquoi Perkins Hospital, Sweetsburg, Que.

Matron for very active company Hospital in rapidly expanding community. Position requires person experienced in organization & supervision of nursing, clinical & service Depts. Postgraduate training in nursing administration desirable. Apply in writing to Personnel Dept., Aluminum Co. of Canada, Ltd., Kitimat, B.C.

General Duty Staff Nurses for 52-bed General Hospital. Evening & night shift. Beginning salary: $300 per mo. 40-hr. wk. Apply Director of Nursing, County General Hospital, 1375 N. Main St., Lapeer, Michigan.

General Duty Nurses. Jan. 15-'56 for new air-conditioned 60-bed wing. Salary: $200 per mo., after 6-mo. $10 increase. 3-wk. vacation, statutory holidays, sick pay. Benefits include free life insurance, pension plan, Blue Cross, free medical & surgical care. Residence available. Apply Director of Nurses, Doctor's Hospital, 28 Major St., Toronto.

General Duty Registered Nurses for modern 18-bed private hospital in iron mining town, 180 mi. north of Sault Ste. Marie. Starting salary: $235 with annual increase, less $20 for maintenance. Excellent accommodations & personnel policies. Transportation allowance after 3 mo. service. Apply Supt., Lady Dunn Hospital, Jamestown, Ont.

Registered Nurse for 12-bed hospital. Salary: $250. Duties to commence as soon as possible. For full particulars phone or write Mrs. M. Broley, Sec., Community Hospital, Beechy, Sask.

Registered Nurses (2) for Jan. '56. (3) for June '56. for active hospital 10 mi. from Radium Hot Springs, B.C. New modern hospital & nurses' residence to be completed June '56. Salary according to R.N.A.B.C. Apply Supt. of Nurses, Bruce Memorial Hospital, Invermere, B.C.

Assistant Head Nurses for children's orthopedic hospital. Good personnel policies. Pension plan available. Apply Director, Shriner's Hospital for Crippled Children, 1529 Cedar Ave., Montreal.

UNIVERSITY HOSPITAL

Requires

ADMINISTRATIVE SUPERVISORS

to organize the departments of Pediatrics and Surgery in new hospital. Salary $240.00 to $300.00. Good personnel policies.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASK.

CANADIAN RED CROSS SOCIETY

invites applications for STAFF and ADMINISTRATIVE positions in HOSPITAL, PUBLIC HEALTH NURSING SERVICES, and BLOOD TRANSFUSION SERVICE for various parts of Canada.

- The majority of opportunities are in OUTPOST SERVICES in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.
- Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.

For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
95 WELLESLEY ST., TORONTO 5, ONTARIO.

Superintendent of Nurses for 30-bed hospital. Feb. 1 or later. Salary: $275 per mo., $40 per mo. board & lodging. 40-hr. wk. 4-wk. vacation, 11 statutory holidays, 18 days sick leave. Pleasant surroundings. Apply K. Scheer, Administrator, Grand Forks, B.C.

Public Health Nurse Grade 1. B.C. Civil Service. Child Guidance Clinic-Mental Health Services, Vancouver. Salary: $255 rising to $298 per mo. Must have completed degree or diploma course in public health nursing. For further information & application forms apply Personnel Officer, Civil Service Commission, Essondale, B.C.

General Duty Nurses for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Instructor in Nursing. Faculty position in medical area. Accredited integrated diploma program. Northern California college community. Liberal personnel policies. Excellent clinical & teaching facilities. Progressive faculty. 90 students. Immediate opening. For details write Personnel Office, 510 E. Market St., Stockton, California.

General Duty Nurses for small hospital. Salary: $200 per mo. plus maintenance. 8-hr. day, 44-hr. wk., statutory holidays as outlined by R.N.A.O. Travelling expenses refunded after 12 mo. service. New nurses' residence under construction. Apply Lady Minto Hospital, Chapleau, Ontario.

Applications are invited from Canadian trained nurses for a 6-mo. postgraduate course in Plastic Surgery commencing April 1. Jaw injuries & burns centre St. Lawrence Hospital Chepston, Mon. 109 Plastic Surgery, 50 Orthopedic Beds. Posts afford an opportunity of gaining experience in Plastic Surgery methods & seeing something of England. Salary £387 a year, less £143 for board residence. Must pay own fare to England. Write, giving age & references to T. A. Jones, Group Secretary, 64 Cardiff Rd., Newport, Mon. England.

SASKATOON CITY HOSPITAL

SASKATOON, SASK.

Requires

General Staff Nurses for General Hospital with a School of Nursing with 200 students. Salaries starting at $210 depending on qualifications. Increments of $5.00 every 6 mo. Bonus for evening & night duty. 44 hr., 5½ day wk. Good Personnel policies.

Apply to:

DIRECTOR OF NURSING, SASKATOON CITY HOSPITAL,
SASKATOON, SASK.

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TO HELP CHILDREN LIKE THIS

The Ontario Society for Crippled Children requires the services of a number of qualified Public Health Nurses to assist them in their work with crippled children in the Province of Ontario.

Our requirements call for experience in Public Health Work, and a willingness to travel in Ontario.

We will provide a salary commensurate with your experience, special training in Orthopaedic Nursing, an automobile, five day week and Pension Plan and other employee benefits.

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Supervisor of Nursing Services
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 College Street - Toronto 2

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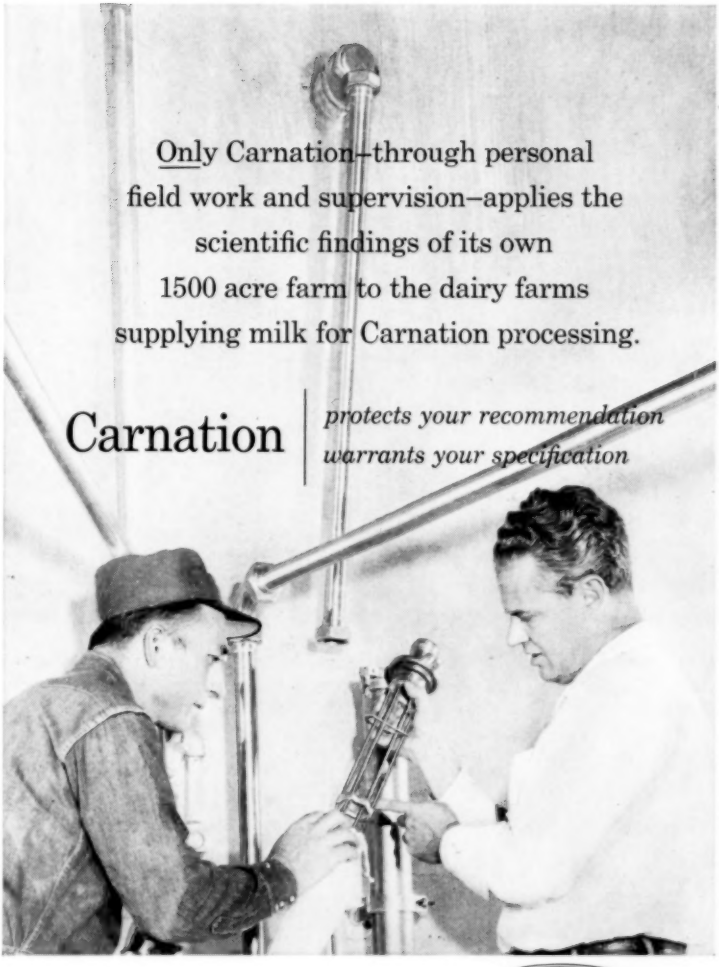
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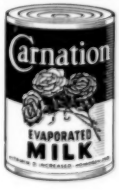

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